PLEASE WRITE PLAINLY, is especially

A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10153

	Reg. Diat. No.
1. PLACE OF DEATH: county Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town
Hospital, Institution, or street address where death occurred: Eudowood Sanatorium, Towson 4, Maryland	Street No. HO. 7. A. SUNCAN ST. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME of agrang	3. (b) Social Security Number
4. Sex Bale 5. Color or rack 6/a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. OCCUPANT J. 19 48 21 8 49 4 M
6.(b) Name of husband or wife Assist 6 affaysays B.(c) If afive, give age (g. 4 years	21. I CERTIFY that death occurred on the date above stated; that I attended decreased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days /il less than one day	and that I last saw hate alive on Stable 18 DURATION
657 9 20	Pulmaney tubir Culsies
9. Birthplace (Town, county, and staff) 10. Usual occupation Reference Marinesian	Due to.
11. Industry or business AM + affact on Section 12. Name Ballions AM + affact on Section 13.	Due to
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Hary CMC Consumers 15. Birthplace Delliusse Mid	Major findings of operations.
16. Informant personal history—hospital records	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Eudowood Sanatorium, Towson I, Maryland 17. Buria Bate thereof Nov. 2-48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Location Morth are + Gay ST.	Where did injury occur? (City or town) (County) (State) Injured at home, larm, industry, public place (where?)
18. Funeral director John a. Miller	Means of injury Injured at work?
Address 2334 2 Just 2	23. SIGNATURE A A Bridgest M. D. on selbor
19. (Date rec'd by registrar Registrar	Address Towson 4, Maryland Bate signed 10-29-40

2411 N. Charles St., Baltimore

CERTIF	FICATE OF DEATH Reg. Dist. No. 9
1. PLACE OF DEATH: county Baltimore City or town. Tow son 1. Mary land (If outside city or town limits, write RUHAL and give nearest thow long in above place of death? How long in above place of death? Endowcood San atorium. Tow son 1. Mary land thow long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For hewborn intents give sesidence of mother) State County City or town (If or side city or town limit, write at URLs, and give nearest town) Street No. 3 Sityural give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Charles frank alde	3. (b) Social Security Number
4. Sex 5. Color or rate 6. (a) Single, married, widowed, or divording the sex of the se	20. DATE OF DEATH 21. I CERTIFY by death occurred on the date above slated; that alterded deceased from years and that last saw by alive on DURAT Immediate cause of death DURAT Due to Du
Address Eudowood Samatorium, Towson 4, M	PHYSICIAN. Please underline the cause to which death should be charged statistically.
Location Dathmore Clo Maryland 18. Funeral director Durgee Fungal Home Address 363/ Halls Hove Cathmis	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE M. D. Q.

Registrar Address Towson 4, Md.

MARGIN RESERVED FOR BINDING

VS A15



Child lived 20 minutes



V. S. A10

* See Instruction C on stub.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILLBIRTH

Reg. Dist. No.

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	City or town And Statum (If outside city or town limits, write RURAL and give nearest town)		State County tall turners
	Street address, hospital, or institution:		(If outside city or town limits, write RURAL and give nearest town)
4.	Length of mother's stay in County		Street No. (1f RURAL give LOCATION)
3.	Name of child hone	4.	Date of birth 10 -23 1948 Hour, 11.30 P. M.
5.	Sex 6. Twin or triplet	1	No. of weeks pregnancy 22 weeks
	FATHER OF CHILD		MOTHER OF CHILD
8.	Full name Krin MISTM	12.	Full maiden name Fonnie her MISTAN
	Color	13.	Color
11.	Usual occupation 14 by 4	15.	Usual occupation museu / fel
16.	Other children born to mother (not including present child)	(a)	How many children of this mother are now living?
	(b) How many other children were born alive but are now dea		
17.	Did child die before labor? NO During labor? NO		Cause of stillbirth. Please be specific. For terms like
18.	Pregnancy, complications of min		prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Item a fund
19.	Labor: (a) Complications of 18mahure		(b) Maternal causes
20.	(a) Was there an operation for delivery? (b) State all operations, if any (c) (Yestor No)	22.	I certify to the birth of this child who was born dead* on the date and hour above stated.
	(c) Did child die before operation?		Signature (M) (M) (Specify if M. D., roldwife, or other) Address 427 MM Mothrob
99	(a) Buriel (b) Date thereof Oct 25/48	or	
20.	(Burial, cremation or removal) (c) Cemetery or crematory M. Calvary Cypa	25.	(a) 10/25/48(b) 0. W. Helyelb (Date ret'd by registrar) (Registrar)
0.4		26.	(To be filled out if no physician was present at delivery.)
24.	(a) Funeral director Mr. R. a. Ellustis Spr. (b) Address 1129 n. Caroline St		The above certificate has been examined by me.
	(b) Mulicos	H	Health Officer, per

10156 34

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of s	F DECEASED:	
County Baltimore			
City or town Upper CO	State Mary land county Baltimore		
How long in above place of death?	City or town 8531 CHCSTMAT OAK Road (If outside city or town limits, write RURAL and give nearest town		
Hospital, Institution, or street address where death occurred:	Street No. Towgord	, mind are are a give mean	,
Holiday House	(If rural, give	LOCATION)	************************
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME		3. (b) Social Security N	lumber
Juin N. Brker		190-05-	7868
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male White Married	20. DATE OF DEATH. OCT. 20	1948	at
6.(b) Name of trusband on wife /VA Baker	21. I CERTIFY that death occurred on the date abo		
. 6.(c) If alive, give age	Oct 20, 194		
7. Birth date of A L 10 1001	and that I last saw hears. on	et 20	19.44.8
deceased (mo., day, yr.) HUQUST 10, 1901	Immediate cause of death		DURATION
8. AGE: Years Months Days It less than one day	acute alcoho	lism	3 who
4/ 2 /hrsmin.			
9. Birthplace Rockwood, Penna. (Town, county, and state)	Due to		***************************************
(Town, county, and state)			
10. Usual occupation Painter	Due fo		****************
11. Industry or business Self			***************************************
12. Name Harry M. Baker	Dther conditions		
13. Birthplace Somerset, Penna.			
	(Include pregnancy within 3 n		
14. Maiden name	Major findings of operatious.	ne.	
		Date of op	
16. Intermant /rvin C. Baker	Autopsy results		
Address 853/ Chestnyt Oak Rd., Towson, Md.	PHYSICIAN: Please underline the cause to wh	ich death should be charged s	tatistically.
Para val	22. VIOLENCE: It death was due to external cau		
17. Removal. (Burial, cremation, or removal. Which?) Date thereof. Of the Month (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory Shank Funeral Home	Where did injury occur?(City or town)	(County)	(State)
Location Windber, Penna.	Injured at home, farm, Industry, public place (w)		
1. Bures' long	Msans of Injury	tnjured at work?	
18. Funeral director.		0	soud,
Address Towoon, Maryland	23. SIGNATURE D. D. Ga	eles, m. S.). Exas
" Oct. 26 " 48 May B. Ehme	0. 7.7		
(Date rec'd by registrar) Registrar	Address Resserstown	Mid Date signed.	10-20-4

FOR BINDING

MARGIN RESERVED



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J.	U	1	U	-	

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Walling are	State Ma. County Ballo,
(If outside city or town limits, write RURAL and give nearest town)	KRI Stilled
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Miles Ad Maddlebood	Street No. Cloute 16 - Bot Z 6/ Miles Ga.
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary B. Baks	~
4. Sex 5. Color or face 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widow	20. DATE DE DEATH 10-2/ 1948 at 5:30 P. W
6.(b) Name of husband or wife ames W. Baker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	10-10 19.47 to 10-22 19.44
7. Birth date of deceased (mo., day, yr.) Mar. 24-1875	and that I last saw hear alive on s-26 19
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
73 6 27hrsmin.	
9. Birtholace Balts, Md.	Due to 1/2 for Lemma Clarabia -
fD. Usual occupation August 100 (Town, county, and state)	Jas Carles Charles
•	Due to
11. Industry or business 12. Name Coharles Burgan	
12. Name Charles Courgan	Other conditions
W MAK	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
15. Birthplace / 6 / Mour	Date of op.
DG -117 H. Q R 1 91.1181-	Autopsy results
Address Ook 24 / Mills V. A. Madaleto Co	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof. (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Islanting	Where did injury occur?
Location A Edmandson the.	Injured at home, farm, industry, public place (where?)
18. Funeral director to he A: Miller	Means of Injury Injured at work?
Address 9334 Selleror ST.	- P. 25 all min.
10/2 / 60 DW Und	23. SIGNATURE D. or other
(Date red d by registrar)	Address 2601 E. Moreau Took St. Date signed 10-22-42

PLEASE WRITE PLAINLY, WITH LAFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M VS A15

10158

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH. County The County of the	2. USUAL RESIDENCE (HOME) OF DECEASED: (Figure who as infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) ti veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
JAMES M. Bohow	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH OCT. 3 200
6.(b) Name of husband or wife Rachel G. Bohon	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of A. T. Sirth date of A.	and that I last saw halive on
deceased (mo., day, yr.) OCOOOQ 9, 1904	Immediate cause of death DURATION
8. AGE: Years Months Days if less than one daymin.	@ TRAUMATIC AM DUTATION
9. Birthplace West Tunginia (Town, county, and style)	Due to. Rt. HANA
10. Usual occupation	Bue to RAN OVER by OVERhead.
12. Name Kffereou B. Bohan	Other conditions
14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations
S t5. Birthplace	Date of op.
16, Informant Mrs. Rachel O. Bolow	Autopsy results
Address Lodge Farm Rd , Sparrown Point, Ma	PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following:
17(Burial, cremation, or removal. Which?) Date thereof	Where did injury occur Sem. Steel & -Sp. Pt. But Md
Location & Prince West Vinguisia	injured at home, farm, industry, public place (where?)
18. Funeral director. On Carol. L. Fusher	Means of Injury oven by CR 13 1/ & Injured at work? Yes
Address 2112 Dundalle ave.	23. SIGNATURE 11/2 Pavis MP
19. Oct 4 19 48 Helan M. Hely .	Address Dundelle My Date signed 10/3/14%

correct age M WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important, Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE ,



ERVED FOR BINDING

PLAINLY, V is especially

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

10159

2411 N. Charle	es St., Baltimore	
FILM NO. G 1170CT 20 1948 CERTIFICAT	TE OF DEATH	Reg. Diat. No. 35
1. PLATE OF DEATH: County City or town. Plate city or town limits, write RURAL and give nearest town) How long in above place of death? Plate county Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of re	write RURAL and give nearest town)
How long in hospital or institution?	2.(a) if veteran, name war	
3. (a) FULL NAME NANNIE BORNEN 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	NAN	3. (b) Social Security Number
8, (b) Name of husband or wite. Philip G. Bornand 8, (b) Name of husband or wite. Philip G. Bornand 7. Birth date of deceased (mo., day, yr.) MARCH 12 1870 8. AGE: Years Months Days if less than one day 78 6 28 hrs. min. 9. Birthplace. MARYLANDLING MD 10. Usual occupation. Market 12 1870 11. Industry or business 12. Name F VI PETROF 13. Birthplace MARYLANDLING MD 14. Malden name. L. XDI A LEIGH 15. Birthplace MARYLANDLING MD 16. Intormant. Mag. Egg. Wheeler 16. Intormant. Mag. Egg. Wheeler	MEDICAL CE 20. DATE DF DEATH	RTIFICATION 10. 19.48 at 9.45 pt e stated; that I attended deceased from 8. to Oct. 10. 19.48 J. 19.48 DURATION Publication 4 do selection 5 years onths of death) Date of op.
Address 17. Build Date thereof. (Month) (day) (year) Cemetery or crematory L. X. M. M. A. R. A. Location M. D. X. H. J. M. D. 18. Funeral director Howard S. Machine Address 19. Oct. 12, 19.48 Mrs. A. J. J. M. A. M. M. A. M. A. M. A. M. M. A. M. A. M. A. M. A. M. M	22. VIOLENCE: if death was due to external cause Accident, suicide, or homicide	Date of (County) (State)



Charles to make the water CLA HOLLES STORY LAND

MARGIN RESERVED FOR BINDING

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Rog. Dist. No.

-
40

1. PLACE OF DEATH: Ba ltimore County				2. USUAL RESIDENCE (HOME) OF	nother)		
City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		State County Catonsville City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town) 232 Westshire Road					
				(If rural, give LOCATION) 2.(a) If veleran, name war			
3. (a) FULL NAM				Z.(u) II veieran, name war	3. (b) Social Security		
J. (6) 1 OLL HAI	IDA	BELLE	BOUCHER		None	Number	
4. Sex	5. Color er race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Female	White	Mar	ried	20. DATE OF DEATH Oct.31,1948		9:30 PM	
	d or wife Emile		r) If alive, give ageyea	21. I CERTIFY that death occurred on the date abov	e stated; that t attended dec	eased from	
7. Sirth date of deceased (mo., day.	Sont	23,188		and that I last saw h walive on Oct	3./	19. У. /	
8. AGE: Yea 59		Days 8	tf less than one day		buillatia	OURATION 10 luc	
11. Industry or busine	Housewife	eounty, and	state)	Due to Aty kerkers re	Cardeo-	2 yrs	
12. Namo)a.		Other conditions			
14. Maiden name	Unknown Unknowh	••••••		(Include pregnancy within 3 m			
	Emile Bouch 232 Westsh		ad	Autopsy results PHYSICIAN: Please underline the cause to wh			
17. Buris	n, or removal, Which?	Date ther athedra	eof. 11/3/48 (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide Where did Injury occur? (City or town)	Date of		
Cemetery or crematory. New Cathedral Location. Baltimore, Md.				Injured at home, farm, Industry, public place (wh			
t8. Funeral director. William Cook, Inc. Address 1 217 St. Paul St/			10	Means of Injury Oscirle	Alchuis	- he hero	
19. 11/2	- X	1	W Hedre	135 Jungystal	5016 M.D.	or other	

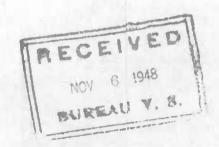
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		/ 0
		DING INK. Supply every item of information carefully. The chysicians: please write the causes of death clearly and legibly.
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20		PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and
Ai		EA
75		PL

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ...

City or town(1) How long in above pit Hospital, institution,	Mison If outside city or town aca of deeth? or streat eddress where	limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name wer.		
3. (a) FULL NA	ME	milton a. Bre	wee	3. (b) Social Security	
4. Sex	5. Color er rece	6.(a) Single, married, widowed, or diverced	MEDICAL	CERTIFICATION	
M	W	Widowed		. 31 1148	300
	and or wife	Jide (nee Palme	21. I CERTIFY that death occurred on the da	rte obova ateted; that I attanded dece	eaad from
7. Birth data of deceased (mo., de		1 ab + 1979	and that I leet sew h		
	eare Months	Days If less than oon day	Immediate cause of teath are	rival.	DURATION
60	7	hrsmi		verentis	••••
9. Birthplace	Ball	Lo. Co. md.	Due to		\$00000000000000000000000000000000000000
10. Usual occupation 11. Industry or bush		Calmer	Due to		*
12. Name		ofor	Dither conditions		,
04	me	Inform	(Include pregnancy with		
2 15. Birthplace		- 1 1/ 1		Date of op	
	mus 1	011 -	Autopsy results	to which death should be charged	atatistically.
Address 17	madelion, or removal. Which	Date thereof	22. VIOLENCE: If death was due to extern		
Comptory or crem		sters + Pa 2.1	Where did injury occur?(City or to		
Location	tereford,	nundan O.O. Ma	Injured at home, farm, industry, public pla Maans of injury	lnjurad at work?	
		a mary	2	1. France	
Address	^ -	sparts, ma.	23. SIGNATURE	1. / Luce	Or other
1000	3, 1848	anno vice	Yarkto.	- Jud almost	11/1/44



State ...

City or

Street

2.(a) It veteran, name war.....

Reg. Diat. No.

	CERTIFICATE	-
		-
1. PLACE OF DEATH:	2.	U

(If outside city or town limits, write RURAL and give nearest town)

UAI. RESIDENCE (HOME) OF	
Maryland com	oly
Baltimore Cit	write RURAL and give neorest town)
888 W. Baltimon	e St.
(If rural, give	LOCATION)

Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 14 years, 11 mos., 20 days 3. (a) FULL NAME

EMMA E. BRINGMAN (Bringham)

How long in above place of death? 14 years, 11 mos., 20 days

Baltimore Catonsville

3. (b) Social Security Number

4. Sex	5. Co	for or race	6.(a)Single	, married, widowed, c	r divorced
F		W	S	Single	
6.(b) Name of husb	and or wife	***************		Nif alive sive are	
7. Birth date of deceased (mo., d	ay, yr.)	Septem	ber 18) If alive, give age 1872	years
8. AGE: Y	ears	Months		If less than one	tay
1	76	1	4	hrs.	min.
9. Birthplace	Ba	ltimor (Town	e Mary]	and	
10. Usual occupati	onHo	ou.sewo.	ck	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11 Industry or bus	iness Do	omesti	С		
and the same of th			ringman	••••••••••••••••••••	**************************
ad .	meCl	narlot	te Branc	lauer	
16. Intermant	lospi	tal re	cords		
17 Burial, cremo	tion, or re	movel, Which	28, Md	of (month)	5-48 day) (year)
Cemetery or cree		Louis	De 1	och	

MEDICAL CERTIFICATION	
20. DATE OF DEATH October 22, 19 48	at 12 N. K
21. I CERTIFY that death occurred on the date above stated; that I attended decea November 2, 1933 ax toOctober	
and that I last saw h er alive on October 22,	1948
Immediate cause of death Acute coronary occlusion	DURATION minutes
Degenerative myocardial disease	indefinit e
Due to	
Other conditions	
(include pregnency within 3 months of death)	40-40-40-40-40-40-40-40-40-40-40-40-40-4

PLEASE

PLAI

ADING INK. Supply every item of information carefully. Ine correct age Physicians: please write the causes of death clearly and legibly.

BINDING

MARGIN RESERVED FOR

Meens of injury

Where did Injury occur? ...

Accident, suicide, or homicide,....

Isadore Tuerk, M.D.

Catonsville-28, Md.

Date signed 10-23-48

PHYSICIAN: Please underline the caose to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at home, farm, Industry, public place (where?)

(City or town)

injured at work?

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			CERTIFICA	Reg. Dist. No	
1. PLACE OF DEA	MANA			2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)	
City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Since June 15, 1948 Hospital, Institution, or street address where death occurred: Spring Grove State Hospital		State Maryland County Baltimo	ro		
		City or town Baltimore City- Seton Inst. (If outside city or town limits, write RURAL and give nearest town) 1208 (If rural, give LOCATION)			
How tong in hospital or	Institution? 81	noe Ju	ne 15, 1948	2.(a) li veteran. name war	
3. (a) FULL NAME	Sarah A	nn BROV	NDE	3. (b) Social Secu	rity Number
4. Sex	5. Color or race	6.(a)Sing	tle, married, widowed, or divorced	MEDICAL CERTIFICATION	1
F	W		M	20, DATE OF DEATH October9194819	at 3: 25 P
6.(b) Name of husband or wife unknown		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from jume 15th, 1948 19 to Oct. 9, 1948			
7. Birth date of deceased (mo., day, ye				and that I last saw h. M.A	
8. AGE: Years		Days	It less than one day	Immediate cause of death Terminal pneumonia	
68	0	21	hrsmin	TALMITUM PROGRAMME	
			state)	Generalized Arteriosolerosis	indef indef
11. Industry or business				Due to Hypertenative 32 v dis.	
当 12. Name Joh	n Cox		***************************************	Other conditions	
12. Name John Cox 13. Birthplace Iroland				(Include pregnancy within 3 months of death)	
14 Maiden name Sarah Ann MoGuire 15 Birthplace Iroland		(Include pregnancy within 3 months of death) Major fiediogs of operations			
W 15. Birthplace	Ireland			Date of op.	
16. Informant Ho	apital re				
	g Grove S	Date the	ospital preof. Udr. 13, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide	
Cemetery or crematory Cathudral		Where did injury occur? (City or town) (County)			
Location	Ballin	ou	***************************************	Injured at home, farm, Industry, public place (where?)	***************************************
18 Funeral director	~ " ~ "	J. &	elild	Means of Injury Injured at work	?
Address 900	East P.			23. SIGNATURE PLEASEMENT ME SEMECIAL	ww DAG
19. Oct	gistrar) 19	8 6	W. Helico	Abraham M. Sohneidmuhl, h	gned 10/9/48

UNFADING INK. Supply every item of information carefully. The correct tant. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

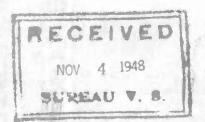
CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH County County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital of institutional and the death occurred:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Pm Smish- Po	3. (b) Social Security Number 216-28-095
4. See Scotor or race of the Single, married, widowed, or divorced Married with Married	MEDICAL CERTIFICATION 20, DATE DE DEATH
6.(6) Name of husband or wife Mary Tours Surf 6.(c) It alive, give age year deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 7. Birth 2. The second of the second o	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from 19
8. AGE: Years Months Days It less than one day 3hremin	DURATION DURATION DURATION DURATION DURATION DURATION
to. Usual occupation. List Land Saw Mill work. 11. Industry or business	Traction of flesh wish
12. Name Shows Sunce 13. Birthplace Permis Bunk 14. Maiden name Martha Bunk	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
to. Informant chester S. Buss Address Edglund nd Port 101	Autopsy results
17. Date thereof. Oct 37, 144 (Burial, cremation, or removal, Which?) Cemetery or crematory. Franklundle Vriblyterus.	22. VIOLENCE: It death was due to external causes, fill the tollowing: Accident, sendor, or homories. Where did injury occur? (City or town) (Counge) (Spare)
to Funeral director, Atoward K. Melorida & Sori	Injured at home farm, Industry, public place (where?)
19. (Date rec'd by registrar) Address Abrugati Manylands E. E. Cuttur	23. ALGNATURE MOARMAN END or other average Address Salto Con Duntal Zais signed 8/2-4/10

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. 1 is especially important. Physicians: please write the causes of death clearly and legi

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1. PLACE OF DEATH:

Baltimore

How long in above place of death?..... Hospital, institution, or street address where death occurred:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATI

E OF DEATH	Reg. Diat. No.	3
2. USUAL RESIDENCE (HOME (For newborn infants give residence	E) OF DECEASED:	
State Md.	County Baltimore	
City or town	ille limits, write RURAL and give r	esrest town)
Street No. 32 Winters (Ifrural,	Lane	•••••
2.(a) If veteran, name war		
	3. (b) Social Securit	y Number
MEDICAL	CERTIFICATION	
20. DATE OF DEATH. OCA	5-4 1948	3,40
21. I CERTIFY that death occurred on the da		ceased from
9-12-		5 - 19.48
and that I last saw halive on	10-5-48	18
Immediate cause of death		DURATION
acute Mys	carditis	2 day
Due to Hyplia	Plio care	3
Due to		
Other conditions Of Section 1	<i>t</i> ,	
(Include pregnancy with	in 3 months of death)	
Major findings of operations	<u> </u>	
	Date of op	
Autopsy results	to which death should be charge	ed statistically.
22. VIOLENCE: If death was due to extern	al causes, till in the following:	
Accident, suicide, or homicide		
Where did injury occur?(City or to		(State)
injured at home farm, industry, public plan		

How long in hospital or institution?..... 3. (a) FULL NAME KYZIAH BURTON 6.(a) Single, married, widowed, or divorced 5. Color or race Female Colored Married 6.(b) Name of husband or wife Frank Burton 6.(c) If alive, give age years 7. Birth date of July 4, 1874 deceased (mo., day, yr.) 8. AGE: 74 9. Birthplace Calvert Co Md. Housewife 10. Usual occupation.... 11. Industry or business 12. Name...... 13. Birthplace Isaac Coates Md. HLOW 14. Maiden nat 14. Maiden name Elizabeth Blake Md. 16. Informant Mr. Frank Burton 32 Winters LAme Address Date thereof. 10-8-48 (month) (day) (year) Cemetery or crematory Western Star Cem. Location ... Catonsville Balto., Co., Md. 578 W. Biddle St.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

eg. Dist. No.

					Reg. Dist. No	
1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
County			EURAL and give nearest town)	State Maryland Couel City or town Bal timore (If outside city or town limits,	у	
			loward, Maryland	Street No		
3. (a) FULL NAM		DVEV M	CARTER		3. (b) Social Security N 214-22-4195	vumber
4 Sex	5. Cotor or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	Colored		Single	2B. DATE DF DEATH. October 26,		19:50 A
6,(b) Name of husband or wifeSingle				21. I CERTIFY that death occurred on the date above October 21,	48 to October 2	26, 19 48
7. Birth date of deceased (mo., day,	0 7 0			and that I last saw himalive on Octob Immediate cause of death		DURATION
8. AGE: Year		Days 25	If less than one dayhrsmin.	ammediate cause of dead		
9. BirthplaceBaltimore, Maryland (Town, county, and state) 10. Usuat occupation			nd state)	Due toArteriosclerosis Hypertension		l.week.
	arles Cart	er		Dither conditions None		***************************************
	Maryland Maryland Maryland			(thelude pregnancy within 3 m		
	nical Reco Fort Howar		ets. Adm. Hosp.	Autopsy resolts Substantiated PHYSICIAN: Please onderline the caose to whi	Above.	
to Buria. (Burial, cremation	n, or removal. Which Baltimo Baltim	Date ther re Nati	(month) (day) (year) conal Cemetery aryland	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide Where did Injury occur? (City or town) Injured at home, farm, industry, public place (who	(County)	(State)
Baltimore National Cemetery Baltimore, Maryland Location Wm. Jackson				Means of injury A A Treus	injured at work?	
Address	23		imore, Maryland	23. SIGNATURE A.B. French, 1	1.D. M. D. o	
(Date rec'd by r	27 19 4		Registrar	Address VAH Fort Howard,	Md . Dats signed	

CERTIFICATE OF DEATH

Rog. Diat. No. 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Ballings	State Marcy / and County Washington	
City or town	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
How tong in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	
1905 Cara A State Transport	Street Ho(If rural, give LOCATION)	
How long In hospital or Institution?	2.(g) If yeleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
OTTie Case Clark		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Levale Cohite Triegle	20. DATE OF DEATH October 31 1948, at 10 p. M	
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	
	may 26 19 47, 10 October 3/ 10 48	
7. Birth date of Section 16. (c) If alive, give age year	and that I last saw have alive on October 3 1 18.44	
deceased (mo., day, yr.) September 6.1934 8. AGE: Years Months Days If less than one day	Immediato canse of death	
14 / 13'hrsmin	acute ederra ghungs - 2/hrs	
1 10 1 32	1 801-6-11 34-	
9. Eiripplace Thangshalawa Munkingform Comments (Town, county, and state)		
10. Usual occupation Rose	Tue to	
11. Industry or business	, out to	
12. Hame lanear W. Clark.	Diher conditions marked Darred Scolioses lik?	
12. Name Managed W. Charles	(Include pregnancy within 3 months of death)	
14. Malden name Haccasia Dodson		
14. Malden name. Taccaria Dodon 15. Birthplace Ocigaica	Major findings of operations	
10 - with a 1t- to tel as I have to	Autopsy results.	
16. miormani	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemelery or crematory Cheusville	Where did injury occur?	
location It askurgton to	Injured at home, farm, industry, public place (where?)	
N 11 1/8)	Means of Injury Injured at work?	
To. Funeral unoctor		
Address 91 treduck It Hayerstown M	23. SIGNATURE Scaled A. M. Cleston M.D. or other	
10 11-1- 1047 MARY S. ELINE	1 0 :00 miles	
(Date rec'd by registrar) Registra	Address	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct at is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N Charles St. Reltimore

CERTIFICAT	TE OF DEATH Rog. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale
3. (a) FULL NAME John J. Col	Best 3. (b) Social Security Number
4. Sox 5. Color or raco 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Years Months Bays If less than one day	and that I last sain from alive on Del 25-19 48 Immediate ques of death Cardio - respectation failure 2 day
9. Birthplace Boston Mach: (Town fourty, and state) 10. Usual occupation Watchers of F. A.	Due La Grome arteris Solistic 5: 4000.
11. Industry or business of the	Other conditions
14. Maiden name	Antopsy results
17. (Burial, eremation, or removal, Which Cemetery or crematory. Localion 72-5 Eastern Block.	Accident, suicide, or homicide
18. Funeral director Roland L. Fusher Address 2112 Dundalk ave o 19. Olofe rec'd by registrary (Date rec'd by registrary Registrary	Means of injury Injured at work? 23. SIGNATURE Dawon Lo. Harbes M.D. or och of 1/48 Address Jarrino Point Md Date signed

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age shown on: Age shown on: 2411 N. Charle	os St., Baltimore 51
FILM No. G 110 NOV 12 1948 CERTIFICAT	TE OF DEATH BC. Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State
3. (a) FULL NAME	
Howard Cole	3. (b) Social Security Number
4. Sex 5. Celer er race 6.(a)Single, married, widowed, er divorced	MEDICAL CERTIFICATION
m. w m	20. DATE DE DEATH. 10 - 13 19.48 at 7.30 M
6.(b) Name of husband or wife Ballatels. E. Collaterals. 7. Birth date of deceased (me., day, yr.) June 23, 1872	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from 19. 14. 5. to
8. AGE: Years Months Days If less than one day 76 78 3 20 hrs. min. 9. Birthplace Dalling Classical Additional Classical Classic	Due to Papelle und but of the property of the property of the papelle of the property of the papelle of the pap
11. Industry or business Intercostab Paint Co-	Diher conditions
14. Malden name. Many 15. Birthplace	(Include pregnancy within 3 months of death) Major fiudings of operations. Bate of es.
18. tatormani Max. Black E. Collegeoux. Address 6.575 & Helle Ass. Fundad	Autopsy results
17	22. VIOLENCE: If death was due to external causes, flit in the following; Accident, suicide, or homicide
Lecation 7225 East Trace Blood	Where did injury eccur? (City or town) (County) (State) Injured at heme, farm, industry, poblic place (where?)
18. Funeral director	Means of Injury Injured at work?
19. Oct 15 - 4 & 19 Hong Commely (Date ree'd by registrar) Registrar	23. SIGHATURE 6 11 LINE J. M. D. of other Address Dues Sursk M. D. Wate signed J. D. 148



CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County MOLLEMANE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State MANILANS County STOLLE MORA
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. d. L. Lat. Zaboth AUE:
1416hzzabeth 140 E.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LOORA V. LOON	don No.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Levale while seridowed	20. DATE OF DEATH OCLOSEN 29-1949 of 530
B.(b) Name of husband or wife Law Gat Ll.	21. I CERTIFY that death occurred on the date above stated, that I attended deceased from
6.(c) If allve, give age DECye	19
I. Birth date of deceased (mo., day, yr.)	and that I last saw halive on19
B. AGE: Years Months Days If less than one day	Immediate cause of death
69 4 12. m	in. Parte Cardea failure
9. Birthplace (Town, county, and atate) .	Due to.
18. Usual occupation Housewell	
11. Industry or business Al. A House	Due to Conde Vacular disease
12. Name Cleza L Poisser	
13. Birtholace // ImTh. Coxellies	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name Willy Duldwin of 15. Birthplace Late Call Call Call	Major findings of operations.
15. Birthplace Vall Cololine	
8. Informantino word of the Pique II	Antopsy results
Address 141. Elizabeth and Lune	PHYSICIAN: Please underline the cause to which death should be charged statistically.
10. 10-12-11	22. VIOLENCE: Il death was due to external causes, Illi in the lollowing;
(Burial, cremation, or removat Which?) Date thereof (month) (day (year)	Accident, suicide, or homicide
Cemetery or crematory The The Market Company	Where did injury occur?
Location Clovellaury alucel	Injured at home, farm, Industry, public place (where?)
15B1111. 435	Means of injury tnjured at work?
18. Funeral director	m 1 11 11 Kallle
Address Las Cutare Rlace	23 SIGNATURE Jakon Ser Entan Ser
19 Got How 1.48 De Kieffer	M. D. or other
(Date rec'd by registrar)	ar Address 010 Rede an Date signed Chag 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consessisting is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

		111.
D	Dist	No.
reg.	Dist.	110

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1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF (For newhorn infanta give residence of a	F DECEASED:	
City or town				State Maryland Course Baltimore (If outside city or town limits		
Wets. Adm	street address where de Hospital,	eath occurred:	oward, Maryland	Street No. 1219 Madison Ave. (If rural, give LOCATION)		
How long in hospitat o	r Institution? 125	Days	**************************************	2.(a) It veteran, name war WW-2		V
3. (a) FULL NAM		RLES C	OWAN		3. (b) Social Security 213-10-52	
4 Sex 5. Color or race 6.(a) Single, married, widowed, or divorced			MEDICAL CE	ERTIFICATION		
Male	Colored	Si	ngle	20. DATE OF DEATH October 25	19. 48	
7 Buth date of		6.(c)	It alive, give ageyears	21. I CERTIFY that death occurred on the date abo June 22.9	ve stated; that lattended dec 48, to October ober 25,	251948 1948
8. AGE: Year		Days 23	It less than one dayhrsmin.	Immediate cause of death	is	7. Mos
10. Usual occupation. 11. Industry or busines	Unempl	loyed 1	ate)	Other conditions None		
	Emma Tip North Carol			Major findings of operations		
16. Intermant Cl		ords, V	ets. Adm. H _o sp.	Autopsy results Substantiated PHYSICIAN: Please underline the cause to wh	Date of op	
Burial, cremation Cemetery or cremat	l n, or removal, Which?) ory Baltim Bal	Date there ore Na timore	1 2 / 2 / 11 2	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County)	(State)
Location		es R.		Means of Injury	Injured at work?	
18 Funeral director Address	802 M	adison	Ave.,Balto.,Md.	23. SIGNATURE ARTHUR FRENCH,	M D M D	or other
19. (Date rec'd by re	egistrar)	8	7 W. Hedu Registrar	ARTHUR FRENCH, Address VAH, FORT HOWARI	M.D Date signed	110-26-48

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

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 Dist	Na

1. PLACE OF I	DEATH.			2. USUAL RESIDENCE (HOME) 0	F DECEASED.	
	altimore			(For newborn infants give residence of mother)		
0	otonerille			State Maryland County		
(If outside city or town		tURAL and give nearest town)	City or town Baltimore (If outside city or town limits	s, write RURAL and give no	earest town)
Mospital, Institution,	or street address where	death occurred	d:	Street No. 1. W. Franklin		
House i	n the Pines		***************************************	(If rural, give LOCATION)		
How long in hospita	l or Institution?	6 w	eeks	2.(a) If veteran, name war	******	V
3. (a) FULL NA	ME				3. (b) Social Security	Number
	Cla		wden Culbreth			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	30
Female	White	1	Widow	20. DATE DE DEATH October	4, 19.48.	9 P.
6,(b) Name of husba	and or wifeRic	hard S	. Culbreth	21. I CERTIFY that death occurred on the date abo	- 400	
***************************************		6.(c) If alive, give ageyears	6	7 - 10.52 CAMILARY	1948
7. Birth date of deceased (mo., da	July	9, 185	8	and that I last saw h. 2alive on		
	ears Months	Days	If less than one day	Immediate cause of death	Maria	DURATION
	0 2	25	hrs. min.	A Comment of the Comm		
9. Birthplace 1D. Usual occupation	None (Town	is, Md	state)	Due to. Bus to	restallario.	20.34 (?)
11. Industry or busi	Iness			UUC 10.		
	John Thos.			Other conditions Leville dem	Lin:	10 30.(3)
				(Include pregnancy within 3	months of death)	
当 14. Maiden na	me Mary W.	Schwar		Major findings of operations		
W 15. Birthplace	Unknown			Major Radiags of operations.		
	Mrs. Wilton	Snowde	n Jr.			•••••••
16. Informant	E. 33rd St.	Balti	more Md.	Autopsy results	hich death should be charge	d statistically.
Address	3. 001 a 5 a e	-0101		22. VIOLENCE: If death was due to external cau		
Bur:	ial tion, or removal. Which	Date ther	eof 10/7/48 (month) (day) (year)	Accident, suicide, or homicide		
			(month) (day) (year)			******************************
Cemetery or crematory. Greenmount				Where did Injury occur?(City or town)	(County)	(State)
Location	Baltimore.	Md.		Injured at home, farm, Industry, public place (w	/here?)	
	TATION T TO		& Sons, Inc.	Means of Injury	injured at work?	
18. Funeral directo	JI	****************	a Ave. Balto. Md.	2// 1	21/	8
Address	1	OATARIII	a Ave. Darco. Mu.	13. SIGNATURE CALLER 17.	Hallege	111.10
10 / 6/	7 10 48	H	No Heduce	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	80 17 (. /	or other
(Date rec'd by	y registrar)		Registrar	Address 7 June 14.1	Date signed	10-0-90

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 44 130

I. PLACE OF DEATH: county			2. USUAL RESIDENCE (HOME) OF	DECEASED:		
				State West Virginia Coun	ty	*************
			URAL and give nearest town)	City or town St. Mary 1s (If outside city or town limits,		
How long in above p	lace of death?42.	Days		(If outside city or town limits,	write RURAL and give	nearest town)
			Howard, Md.	Street No. Rt. # 2	······································	
				2.(a) It veleran, name war		\checkmark
3. (a) FULL N/				E.(a) II total II	3. (b) Social Securi	
0. (0) 1022 11		יי מנואדאר	TRICITA RE			
4. Sex	5. Color or racs	E. CUNN	LINCITIANI , married, widowed, or divorced	MEDICAL CE	RTIFICATION	35
Male	White	_	Single			
Mare	MILTO		Tugre	20. DATE OF DEATH October 11,		
6.(b) Nams of husb	and or wifeSi	ngle		21. I CERTIFY that death occurred on the date above		
) tf alive, give ageyears	August 30,		
7. Birth date of deceased (mo., d	ay, yr.) 2-16-1	R		and that I tast saw h.imalive onOc.to		
	ears Months	Days	If less than one day	Immediate cause of death		
	30 7	25	hrs. min.	Subacute Glomeruloner	nritis	9 mos.
				-		*****
9. Birthplace	(Town	, county, and s	tate)	Due to	****************	
10. Usual occupati	n Farming				***************************************	100000000000000000000000000000000000000
11. Industry or bus	iness			Oue to	***************************************	******
and the second second second		ngham		Other conditions	••••••	**
	West Virg			}		***************************************
X	Elvie B	nlev		(Include pregnancy within 3 m		
H 14. Malden na	st. Mary's	. W. Va		Major findings of operations		
≥ 15. Birthplace	501 111113 5	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0-111	Date of op	
16. Informant				Autupsy results Substantiated. PHYSICIAN: Please nuderline the cause to whi	Above	-3
Address	Fort How	ard, Mai	ryland			ed atanstically.
17 Remova	1.	Rate there	of Oct, 12, 1948 (month) (day) (year)	22, VIOLENCE: If death was due to external caus		
(HGGCK)(ng] hog or removal. NOT	ж	(month) (day) (year)	Accident, suicide, or homicide		
Cemelery or cree			***************************************	Where did Injury occur?(City or town)		
Location	Howar	d Bligh	t	Injured at home, farm, Industry, public place (who	ere?)	
			, Balto., Md.	Means of Injury	Injured at work?	
			uneral Home			
Address			st Virginia	23. SIGNATURE 14. C. velnauf		D Ob-
19. (90)	y registrar)	004	wom / Haror	Address VAH, Ft. Howard, M.	D. Chief Mr	10-11-1.8
(Date rec'd b	y regiatrar)		Registrur	Address VAH HOWATO	ICL Date signe	d

UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 43

1. PLACE OF DEATH	Ralt.	imore		2. USUAL RESIDENCE (HOM) (For newborn infants give residen	E) OF DECEASED:	
County	lerton,		***************************************	Slate Maryland		
City or town	le city or town lir	nits, write RL	JRAL and give nearest town)			
How long in above place of de	24h2]	ife	and green market so way	City or town Fullerton (If outside city or town	limits, write RURAL and give no	arest town)
Hospitel, institution, or etree	t eddress where d	leeth occurred;		Street No. Belair Rd.		
			***************************************		l, give LOCATION)	
How long in hospital or insti	itution?			2.(a) It veteren, neme war		
3. (a) FULL NAME			•			N 1
	E. DEAV	FILE			3. (b) Social Security	Number
	Color or race		married, widowed, or divorced	MEDICAL	L CERTIFICATION	
female	white	W.	idow			J. A
		1		20. DATE OF DEATH. Oct. 26t		
6.(b) Name of husband or wi	te Willi	am 0.	Deaver ·	21. I CENTIFY that death occurred on the di	ate above steted; thet I attended dac	eaced from
		6.(c)	It elive, give egeye	Sept, 12		
7. Birth date of	Jan. 2	2nd, 18	85	and that I fact saw hall-sealive on(act, as	19.9.6
deceased (mo., day, yr.) 8 A.G.E. Yeare	Monthe	Deye	If lese then one day	Immediate cause of death		
8. AGE: Yeare	9	211		Congestine Hear	4 railure	1 day
			hren	n. ()	***************************************	0
s. Birthplace. Gran	ige , Bal	timore	County	Due to Cardin - Vas	sular,	
	(TOWII,	county, and st	ate)	Hypertensine	Lesease	7 years
10. Veual occupation	at	nome		Bus to arterocal	evin	7 reary
11. todustry or business						
	amin F.	Glaspy		Other conditions		
13. Birthpiece	Baltimor	e Coun	ty, Md.	Diner conditions		** ************************************
≥ 13. Birtingiece	Manre A	morri o	n	(Include pregnancy wit	hin 3 months of death)	
H 14. Meiden neme	maly A.	1 dy 10.	<u>.</u>	Major findings of operations	***************************************	
14. Meiden neme	Baltin	nore Co	unty, Md			
Mrc	. J. Cli	ifford	Sener	Antopsy results		
16. Informant) TT - T	L MA		PHYSICIAN: Please anderline the cause	to which death should be charged	statistically.
	Perry Hal	LL 9 Bill o	1 1 -	22. VIOLENCE: It deeth wee due to exter	nel ceuses, till in the following;	
17 birial (Burial, cremation, or r		Dete thereo	10/29/48 (month) (day) (year)	Accident, suicide, or homicide		441111000110000000000000000000000000000
(Burial, cremation, or r	Osk Taler	1	(month) (day) (year)			
Cemetery or cremetory	Oak Dam			Where did injury occur?(City or t	own) (County)	(State)
Locetion	Baltimo	re, Md.		Injured at home, tarm, Industry, public ple	ece (where?)	
18. Funeral director.	1212 6	Auna	al Home	Meane of Injury	Injured at work?	
71.7	ol Belai:		The state of the s	1 : 0		, 0
Address	JE JOECL	11	20	23. SIGNATURE Muchael	J. Dauech	M. D.
19. Och. 26	19.4-8	M	m 9.2 (Kerfani	0 1111 00.00	М. Б.	or other 10/26/48



CERTIFICATE OF DEATH

Reg. Diat. No. 44

CERTITICA	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County (If outside city of town limits, write RURAL and give nearest town) Street No. 4.0 (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White White White Grand 6.(b) Name of husband or wife Elica Grand 7. Birth date of deceased (mo., day, yr.) Oct. /2 - /8 9 6 8. AGE: Years Months Days It less than one day 9. Birthplace Grand Grand Grand 10. Usual occupation Grand Grand 11. Usual occupation Grand Grand 12. Usual occupation Grand 13. Usual occupation Grand Grand 14. Sex District Grand 15. (a) Single, married, widowed, or divorced 16. (a) Single, married, widowed, or divorced 16. (a) Single, married, widowed, or divorced 16. (b) Name of husband Grand 17. Birth date of deceased (mo., day, yr.) 18. AGE: Years Months Days It less than one day 19. Birthplace Grand Grand 10. Usual occupation Grand Grand 10. Usual occupation Grand Grand 11. Sex Grand Grand Grand 12. Sex Grand Grand Grand 13. Sex Grand Grand Grand 14. Sex Grand Grand Grand 15. Sex Grand Grand Grand Grand 16. Sex Grand Grand Grand Grand 17. Ser Grand Grand Grand Grand Grand 18. AGE: Years Months Days It less than one day 19. Ser Grand G	MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. To 10. Cert. 19. To 10. Cert. 19. To 10. DURATION Immediate cause ni death DURATION 2 death 2 death 2 death DURATION 2 death
11. Industry or business	Dither conditions
13. Birthplace Balta. Md. 14. Malden name Manquet Sweitzer 15. Birthplace Balta. Md.	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Dalto . md.	
16. Interment Mus Elip Dietrick (wife) Address 40/ Dak ave.	Antapsy results
17. Burial Date thereot (month) (day) (year)	22. VIOLENCE: 1t death was due to external causes, till in the tollowing; Accident, suicide, or homicide,
Cemelery or crematory. Oak Lawn	Where did injury occur? (City or town) (County) (State)
Location Existern ave: Esset 21, md	Injured at home, farm, industry, public place (where?)
18. Funeral director John M Connelly	Means of Injury Injured at work?
Address 4/8/ Eastern ave. Eager 21, 10	23. SIGNATURE Maxwelltmind
19, Oct. 4 19 48 Setting 9 Commelliant (Date rec'd by registrar)	Address 471/2 Sees Perulus . Date signed 10-4-48

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

ge

VS A15

WRITE

PLEASE

Reg. Diat. No.

1	63	4	phy	0
1	U	1	6	0

County	DEATH: Balto. Rockdale		RURAL and give nearest town)	2. USUAL RESIDI (For newborn in Md •
How long in above Hospital, institution	Cily or town (If or			
			***************************************	2.(a) If veleran, name i
3. (a) FULL N	AME		FRANK J. DOETZE	R, Sr.
4. Sex	5. Color or race		e, married, widowed, or divorced	
male	white		widower	20. OATE OF DEATH
	band or wife	E. Doet	zer	21. I CERTIFY that deat
				Oc
7. Birth daie of	••••••	Dec. 7.	c) If allve, give age	years and that I last saw h,
deceased (mo.,				Immediation use of de
8. AGE: 73	Years Months	Days 12	If less than one day	Conc
10			hrs	
9. Birlhplace	Baltimore	. Md.	ntate)	Due to
			etate)	
		110 00 mak	۱۳.A	Due to
11. Industry or bu ∝ I		707		- and
12. Name 13. Birthplace	Contraction of the Contraction o	701		Other conditions
		ny		(Inclu
14. Maiden n	Margare			Major findings of oper
Service 1	e Germa:	ny		Major manage or open
15. Birihplace				
2 15. Birihplace	Mr. Frank	J. Doetz	er	Autopsy results
16, Informani	Mr. Frank			
15. Birlhplace 16. Informani Address	Mr. Frank 2514 Stra	thmore A	.ve.	PHYSICIAN: Please u
16. Informani Address 17	Mr. Frank 2514 Stra Burial ation, or removal. Whi	thmore A Date ther	ve. 10/23/48 (month) (day) (year)	PHYSICIAN: Please u 22. VIOLENCE: If dea Accident, suicide, or ho
15. Birlhplace 16. Informanl Address 17 (Burial, crem Cemelery or cre	Mr. Frank 2514 Stra: Burial ation, or removal. Whi ematory.	thmore A Date there oly Rede	ve. 10/23/48 (month) (day) (year) emer Cem.	PHYSICIAN: Please to 22. VIOLENCE: If dea Accident, suicide, or ho Where did injury occur
15. Birlhplace 16. Informanl Address 17 (Burial, crem Cemelery or cre	Mr. Frank 2514 Stra Burial ation, or removal. Whi ematory B:	Date there oly Rede	eof 10/23/48 eof (month) (day) (year) emer Cem.	PHYSICIAN: Please to 22. VIOLENCE: If dea Accident, suicide, or he Where did injury occur Injured at home, farm,
16. Informani Address 17	Mr. Frank 2514 Stra Burial ation, or removal. Whi ematory B: WM. J.	thmore A Date ther oly Rede alto., M TICKNER	ve. 10/23/48 (month) (day) (year) emer Cem.	PHYSICIAN: Please to 22. VIOLENCE: If dea Accident, suicide, or ho Where did injury occur Injured at home, farm,

2. USUAL RESIDENCE (HOME) OF	DECEASED:
Ma	Balto
Stale Coue	Ny
Cily or town Rockdale	write RURAL and give nearest town)
8106 Liberty	Rd.
Sireet No. (If rural, give l	LOCATION)
2.(a) If veleran, name war	
	3. (b) Social Security Number
C	3. (0) Social Security Number
Sr.	<i>i</i> .\
[[RTIFICATION
20. DATE OF DEATH.	9, 1948 at 1:40a
21. I CERTIFY that death occurred on the date abov	
	48 10 Oct 19048
and that I last saw h alive on	
Immediate sause of death	Reast
Con (Solars	
Jacker	<u> </u>
Due to	
- Hypenens	
Due to	
Uslesso- 5 eller	olic hear
Other anditions	
(Include pregnancy within 3 m	onths of death)
Major findings of operations	
Autopsy results	·
PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
22. VIOLENCE: If death was due to external caus	es, fill in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	
Injured at home, farm, industry, public place (who	ere?)
Means of injury	Injured at work?
	10.
23. SIGNATURE	Kenck
(121-180.	L 164 M. D. or other 1.6/
Address T // O Jules	Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

. Supply every item of information carefully. The please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

			CERTIFICAT	TE OF DEATH Reg. Diat. No.	32
How long in above pla Hospital, institution,	imore Mount Wils routside city or town li ce of death? Oyrs or street address where Md.T.B.S.	death occurred	ural and give nearest town) 1058 days Mt.Wilson 10m8 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	nearest town)
3.(a) FULL NAME William Dofflemyer				3. (b) Social Secur Unk	ity Number MOWN
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		Single	2D. DATE OF DEATH October 12, 1948	10:45 A
6.(ò) Name of husbai 7. Birth date of deceased (mo., da	y, yr.) Decem	ber 31	c) If allve, give ageyears	21. I CERTIFY that death occurred on the date above etated: that I aftended on	12,19.48
8. AGE: Ye	ars Months	Days	It less than one dayhrsmin.	Pulmonary Tuberculosis	3 mos.
9. BirtholaceD. 1D. Usual occupation 11. Industry or busin H 12. NameH 13. Birthplace H 14. Maiden nam M 15. Birthplace	ickeysvil Laborer arris Dof: Virginia Annie	Le Ma county and flemys		Due to	
Address 834 17 Buria (Burial, cremati Cemetery or crem Location	Washington, or removal, Which? 2 dory Mt. Ol: 930 Fred. John J.	on Bly Date ther ivet Ave., Cowan St.,	Balto., Md. Sons Balto., Md. Registrar	PHYSICIAN: Please underline the cause to which death should be char 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)



VS A15

correct age

MARYLAND	STATE	DEPARTMENT	OF	HEAL.	TI

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.....

	,		-
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7	/		
 			110

10178

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)				
		ward	***************************************	State Maryland County				
			URAL and give nearest town)	Tandsdowne				
Hospital, Institution, or	Hognital	death occurred	loward, Md.	Street No. 2013 Sulphur Sp				
vecs. Aun	TOSPICAL	Dorm	owaru, mu	(If rurul, give LOCATION)				
		pays	· · · · · · · · · · · · · · · · · · ·	2.(a) It veteran, hame war WW-I				
3. (a) FULL NAM		2			3. (b) Social Security Number			
	AUGUST	M. DOI	WESKI (Donieck	i)	218-05-6367			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CEI	RTIFICATION			
Male	White	5	Single	20. DATE OF DEATH October 28,	19 48 17:20 A			
E (h) Name of bushand	Si Si	ngle		21. I CERTIFY that death occurred on the date above	stated; That I attended daceaged from			
				August 31, 148	3 ,00ctober 28, 1.48			
7. Birth data of			e) If alive, give ageyears	and that I last agw h im alive on Octob	er 28, 1948			
deceased (mo., day, y				Immediate cause of death	DURATION			
8. AGE: Yeare	The second second	Daye	If lese than one day	Carcinoma of liver	Unknown			
56	1	29						
8. Birthplace	Baltimore,	Maryla	and	Due 10				
1D. Usual occupation	Contracto	T. TOLE	nan	Due to				
11. Industry or business								
至 12. Name Con	rad Donesk	ii		Other conditions				
12. Name C.O.N. 13. Birthptace P	oland							
		strows	ci	(finclude pregnancy within 3 months of death)				
14. Maiden name. 15. Birthplace P	nland		······	Major findings of operations.				
				Date of op.				
			Vets. Adm. Hosp.	Autopsy results Substantiated above.				
Address	ort Howard	l, Mary.	land	PHYStCIAN: Please underline the cause to which				
. Rurial	14-1-1-1	Bala dhaa	11_1_48	22. VIOLENCE: 1f death was due to external cauce				
17. Burial, cremation.	or removal. Which?		(month) (day) (year)	Accident, eulcide, or homicide	Date of			
Cemetery or cremato	Holy IN	osary		Where did injury occur?(City or town)	(County) (State)			
Location Baltimore, Maryland				Injured at home, farm, industry, public place (where?)				
18. Funeral director	George	A. Web	er	Meane of Injury	Injured at work?			
Addrees	705 S.	Ann St	., Balto., Md.					
10.4	29 11 48	0 1	. W. Gelus	Addrese WAH, F. Howard, N				

1. PLACE OF DEATH:

How long in hospital or institution?....

3. (a) FULL NAME

4. Sex

Male

7. Birth date of

89

10. Usual occupation...

14. Malden nat

9. Birthplace..

8. AGE:

deceased (mo., day, yr.)

Years

13. Birthplace Poland

Burial

(Bnrial, cremation, or removal, Which?)

Cemetery Popular Holy Rosary

Address 705 South Ann Street

location Baltimore Co.Md

Baltimore

How long in above place of death?..... Hospital, Institution, or sfreef address where death occurred:

5. Color or race

6.(b) Name of Manager wife Frances

Poland

12. Name August Doniecki

14. Malden pame Johanna & Poland

White

Months

Retired

Address 2017 Sulphur Spring Road

11. Industry or business Baltimore & Ohlo Railroad

Lansdowne, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

Conrad Doniecki

December 18th 1858 ?

(Town, county, and state)

16 Informant Mrs. Maryanna A. Grabowski (Daughter)

Date fhereof.

19.48 Q.20 Hele

Days

b.(a) Single, married, widowed, or divorced

....6.(c) If alive, give age

If less than one day

....hrs.

10-12-48

(month) (day) (year)

Widowed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10	471	- 1	
ωŧ	2	0	
-1	10	4.1	-
- 1	200	10	

CERTIFICA

E OF DEATH	Reg. Diat. No	
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
State Maryland	County Baltimore	
City or town Lansdowne Mar	yland.	••••
Streef No. 2011 Sulphur Sp		•••••
2.(a) If veteran, name war	ive LOCATION)	
2.(U) II Veletali, liatile wat		*****
	3. (b) Social Security Number	
MEDICAL	CERTIFICATION	2
20. DATE OF DEATH. Ollows	9th 1948 at 7 30	P
21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from	18
and that I last saw h alive on	ock - 9- 48.19	
Immediate cause of death.	My Diadits DURATE	ON
		71
Due to L	- 0	******
Due to Cuteus &	Melevos 100	54.
Due fo	I arthur 101	
Himelus	farm 104	La
Other conditions		
(Include pregnancy within	8 months of death)	
Major findings of operations		
	Date of op.	
Autopsy results	which death should be charged statistically.	
22. VIOLENCE: If death was due fo external	causes, fill in the following:	
Accident, suicide, or homicide	Date of	•••••
Where did injury occur?	n) (County) (State)	
injured et home, farm, industry, public place	(where?)	******
Means of Injury	Injured af work?	
hstar	- h. D.	
23. SIGNATURE	M, D, or other	

correct every item of information carefully. The content the causes of death clearly and legibly. write Supply Physicians: please UNFADING important. PLAINLY, vis especially WRITE PLEASE

CERTITICA	Reg. Diat. No.
1. PLACE OF DEATH: County Sellensee	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
City or town	City or town
fospital, instilution, or street address where death occurred:	Street No
How tong in hospital or institution?	2.(a) It veteran, name war
(30. i.e. Fleath Dase	3. (b) Social Security Number
4. Sex 5. Color or race 6.(6) Single, married, widowed, or divorced.	MEDICAL CERTIFICATION
7 C married	20. DATE OF DEATH OCK 1 19 48 at 2 46.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of deceased (mo., dey, yr.) 7, 15, 190 1	and that I last saw he alive on Oot 18th. Immediate cause of death Conspose of Liver DURATIO
8. AGE: Years Months Days If less than one day	nin.
9. Birthplace	Due 10
10. Usual occupation	Due to
11. Industry or business 12. Name Thomas Williams	Dither conditions
13. Birthplace mane maria Welland	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations. A.M. Date of op.
16. Informant The Toman and th	Autopay results
Address Figure Bate thereof Oct 5/49	22. VIOLENCE: If death was due to externat causes, till in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory. Assure Cemetery.	Whers did Injury occur?
Location drawley and	!njured at home, farm, Industry, public place (where?)
18. Funeral director	1 ad a ll-day son n
Address //24 //. Cars and	23. SIGNATURE M. D. or other

MARGIN RESERVED FOR BINDING

SA

Supply every item of information refully. The case write the causes of death clear, and legibly

PLAINLY is especial

WRITE

PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH BY

2411 N. Charles St., Battimore

Reg. Dist. No..

CERTIFICATE OF DEATH

			CERTIFICA	IE OF DEATH	Reg. Dist. No	
1. PLACE OF DEA countyBaltin				2. USUAL RESIDENCE (HOME) OF (For newborn infents give residence of r	F DECEASED:	
				State Maryland Cour	nty	
Now long in above place of	of death?2 d	ays	URAL and give nearest town)	City or town Baltimore (If outside city or town limits	, write RURAL and give ne	oreat town)
Vets Adm.	Hospital,	Ft. H	oward, Md.	Street No. 711 S. Ann Stree (If rural, give. 2.(a) ti veteran, name war. WW-I	LOCATION)	
3. (a) FULL NAME		-			3. (b) Social Security	Number
FRANK I					217-07-6	045
4 Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	4
Male	White	M	arried	20. DATE DF DEATH October 18,		15:45 P.
6.(b) Name of hucking	or wifeMar	y Dude	ck :) It alive, give age52years	21. I CERTIFY that death occurred on the date about	ve etated; that t attended deco 18 to October ber 18,	18, 19. 48 19. 48
8. AGE: Years	Months	Days	It lese than one day	Metastatic carcinoma,		
54	6	21	min.	THE GOOD OF VICE COLUMNIA,		
	Cabinet M		d state)	Due to	***************************************	l Yr.
	rge Dudec Austria	k			1	36 hrs
置 14 Maiden name		1ARY	GLINSKÍ	(Include pregnancy within 3 n		
18. Informant. Cl	inical Re		Vets. Adm. Hosp.	Actopsy results	hich death should be charged	
II. Burial	or removel, Which?	Date there	eot. 10-22-48 (month) (day) (yeer)		Oate of	
	Daltima	na Ma.	us Cemetery ryland	Where did injury occur?(City or town) Injured al home, farm, industry, public place (wh		(State)
Location	George	A. Wel	<i>lûll</i> Der	Meane of Injury	Injured at work?	
Address 705	SO. ANN	ST BE	altimore, Md.	23. SIGNATURE N.C. MANAUGH, M.	The state of the s	
19. (Date rec'd by reg	o 19 18	4-	W. Hedrick	H.C. MANAUGH, M.	.D. Chief Fre	10-19-48

	3. (b) Social Secur 217-07-	6045
MEDICAL CER	0 3-13-11-12	4
O. DATE DE DEATH October 18,	19.4	8 5:45 P.
1. I CERTIFY that death occurred on the date above et October 16, 1948 nd that I last saw him	ated; that tattended	deceased from r. 18, 19.48.
mmediate cause of death Metastatic carcinoma,		DURATION
ue to Carcinoma of rectu	L	l Yr.
ue to	******************************	
ther conditions Cerebral thron	mbosis	36 hrs.
(Include pregnancy within 3 mont		
Tajor findings of operations		
notopsy results	death should be char	rged statistically.
2. VIOLENCE: If death was due to external causes,	fill in the following;	
coldent, suicide, or homicide		
There did injury occur?(City or town)	(County)	(State)
njured al home, farm, industry, public place (where	")	*********************
Meane of Injury	Injured at work?	

The correct age

BINDING FOR RESERVED MARGIN 2411 N. Charles St., Baltimore

10182

		CERTIFIC	Ale Of Death Reg. Dist. No	Je
1. PLACE OF DEAT	TH:		2. USUAI. RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother)	
County Ba.	ltimore		Wasteland Daltines	
Ca1	tonsville	imita, write RURAL and give nearest town)	State Maryland County Baltimor	
			City or town Baltimore (If outside city or town limits, write RUAL and give n	*******************
tow tong in above place of tospital, institution, or st	death?S.LIIO	e Sept . 22, 1917	(If outside city or town limits, write RURAL and give n	earest town)
pring Grove	e State H	lospital	Streel No	
		e Sept, 22, 1917	2.(a) If veleran, name war	
3. (a) FULL NAME			3. (b) Social Security	
	Jos eph	DUNN		
Sex	5. Color or race	6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M	W	Married	20. DATE DF DEATH October 30, 1948 19	4:55 I
6,(b) Name of husband or	wife Ceci	lia Dunn	21. I CERTIFY that death occurred on the date above stated; that I attended do	
			October 26, 1948 19 10 Oct. 30	
7. Birth date of			and that I last saw him alive on October 30, 1948	19
deceased (mo., day, yr.)		376	Immediate cause uf death	
8. AGE: Years	Months	Days If less than ons day	Terminal pneumonia	
72		hrs.		
P114	ecia		TTT :	
9. Birthplace Rus	(Town,	, eounty, and state)	The state of the s	
10 lieual accunation	merchant		Due to.	
			Due to	
11. Industry or business				
			Other conditions	
13. Birthplace Rt	ussia		(Include pregnancy within 3 months of death)	
H 14 Maiden name	unknown			
			Major fiudiugs of operatious	
2 15. Birthplace Ri				
16. Intermant hos	pital rec	ords	Autopsy results	A .a. atasta - Wa
AddresaSprin	e Grove H	ospital, Catonsville-	PHYSICIAN: Please underline the cause to which death should be charge	a statistically.
300	- 0	6-21-1	22. VIOLENCE: If death was due to external causes, till in the following:	
(Burial, cremation, c	or removal Which	(month) (day) (year	Accident, sulcide, or homicide	
Cemetery or crematory	BING	Date thereof 16 - 31 + (month) (day) (year areal)	Where did injury occur?	(State)
Location . Lo	other	us ave	tnjured at home, farm, industry, public place (where?)	
		Koures me	Means of injury Injured at work?	
18 Funeral director	ungo		DI 1 200 1 1	-67.00
Address 2160		and place	23. SIGNATURE Placelain the Ellecteling	Que
" in . su	wist.	UE Harry	Abraham M. Solmeidmuhl, M. Strar Address Spring Grove Hospital Date signed	Dor other
(Date ree'd by regi	strar) 19.57 2	Regi	strar Address Spring Grove Hospital Date signer	10/30/4

MARGIN RESERVED FOR BINDING

INCE UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legible

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CHILDREN WERE THE THEFT WAS TO

the transfer of the second of

CERTIFICATE OF DEATH

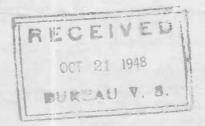
Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newbarn Infants give residence of r State	write RURAL and give nearest town)
3. (a) FULL NAME		3. (b) Social Security Number
* Jalle P. SERIL F. N.	•	NONE
4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
male white marrie		3 19. 49 at 10 12
The gas Eda	21. I CERTIFY that death occurred on the date above	
6,(b) Name of husband or wife	lev. 194	17 10 Oct. 13 19 48
7. Birth date of	and that I last saw h 27 alive on C	- 1.13 10 MS
deceased (mo., day, yr.) Rept. 9 - 1892		DURATION
8. AGE: Years Months Days If less than one day	Immedjair cause of death	1111
36 1 4min.	The contract of the contract o	
9. Birthplace Hafe (Town, county, and state)	Due to	
1D. Usual occupation. Mach. T	Due to	
11. Industry or business	***************************************	
12. Name William C. Chi.	Dther conditions	
	(Include pregnancy within 3 m	onths of death) W Wh h
14. Maiden name Muy 15. Birthplace 4 h Ce Pa	Major findings of operations	
10. Birtingizee To Color		Date of op.
16. Informant The French Street	Antopsy results	
17. Buist Date thereof Och. 16-19.48	22. VIOLENCE: If death was due to external caus	Mr. C.
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?(City or town)	(County) (State)
Location	Injured at home, farm, industry, public place (wh	ere?)
18. Funeral director Howard & Markeline	Means of Injury	Injured at work?
Address white Hall mit	23. SIGNATURE C. M. 7	rance
19 Gct. 15, 19 48 Mrs Howard 5. Marsh	ue Oarle in 2	and, Date signed 10/15/48

FOR BINDING MARGIN RESERVED WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10184

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF D	EATH:			2. USUAL RESIDE	ENCE (HOME) O	F DECEASED:	
County	20+ onewill	······	***************************************			ontyOnondaga	
City or town	outside city or town	limits, write l	RURAL and give nearest town)			intyJrionuaga	·····
	ce of death?			City or town Syra	CUSE	s, write RURAL and give r	nearest town)
Hospital, Institution,	or street address when	e death occurre	d:				
	Poplar Av	9		Street No	(If rural, give		
How long in hospital	or Institution?			2,(a) If veteran, name v	var		***************************************
3. (a) FULL NAM	ME					3. (b) Social Securit	y Number
	Bertha	Frances	Edson			good and other new	
4. Sex	5. Celor er race	6.(a)Sing	le, married, widowed, or divorced		MEDICAL C	ERTIFICATION	
F	W		Widow	_ 20, DATE OF DEATH	October	9 19 48	5-100
6.(b) Name of husban	nd or wife	orge E	dson	21. I CERTIFY that death occurred on the date above stated; that t attended deceee			ceeced from
			c) If alive, give ageyear		19	10	19
7. Birth date of deceased (mo., day	37	mber 8	1879	and that I last eaw h	ative on		19
8. AGE: Yea		Days	I If lees than one day	Immediate cause of de	ath		DURATION
o. Aug.							
6			hre min	-	ronau	y ocea	en.
9. Birthplace	Conneticut		state)	Due to		J	
	A+ Home	i, eounty, and	state)				
10. Usual occupation	LAU ITOMB	••••••	***************************************	Due 10. QC	stete	Melle	473
11. Industry or bueing	ess			-1			
至 12. Name	Thomas Wil	liams		Other conditions			
13. Birthplace	Conn						
~	Timber com	1.00		(Inetu	de pregnancy within 3 :	months of death)	****
E 14. Maiden nam	. Unknown	***************************************		Major findings of aper	ations	***************************************	
15. Birthplace	tt.			_:}	***************************************	Date of op	
18 Informant	Mrs. John	S. Edso	ng	Antonay results			
	lar Ave. C			PHYSICIAN: Please n		hich death should he charge	
				22. VIOLENCE: If dea	th wae due to external cau	reee, fill in the following:	
17. Buri	al on, or removal. Which	Bate ther	(month) (day) (year)			Date of	
			ES				
					(City or town)	(County)	(State)
Location	Staff	ord Spr	ings Conn.	Injured at home, farm, I	industry, public place (w	here?)	••••••
18. Funeral director.	F.C. Higi	nbothon	.	Meene of Injury		injured at work?	Leef Me.
Address	Ellicot			6	1. h	11. //	Cerp 1
		· · · · · ·	12. 11.	23. SIGNATURE		1 cupper	Crother S
19. [0	10 1146	- 01	Harry	1012	Las de	and	154-06
(Date ree'd by r	regiatrar)		Registrar	Address /		Date etgnet	

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

9.45.15M

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

CERTIFICATE OF DEATH

10185

1. PLACE OF DEATH	1:			2. USUAL RESIDENCE (HOM	1E) OF	DECEASED:	
				State Maryland	Count		
			URAL and give nearest town)				
How long in above place of d Hospital, institution, or etre	leath? 9 d	ays		City or town Baltimore			
			ryland	Street No. 4615 Asbury	Ave.	OCATION)	
				2.(a) It veteran, name war			V
3. (a) FULL NAME					1	3. (b) Social Security N	
WILLIAM E	TSENBAUC	н				Unknown	
	Color or race		e, married, widowed, or divorced	MEDICA	AL CE	RTIFICATION	
Male	White	Man	ried	20, DATE OF DEATH October	22	1.8	. 11:10A
	Mana	360 T3	1	21. t CERTIFY that death occurred on the			
6.(b) Name of hueband or v	vife MTS.a	Mary E.	Lsenrauch	October 13			
7. Birth date of		6. (0	e) If alive, give age51years	and that I last eaw h imalive on			
deceased (mo., day, yr.)	10-15	-90		tmmediate cause of death CARC		,	DURATION
8. AGE: Years	Monthe	Daye	it less than one day	WITH METASTASIS TO	SPI	NE AND PELVIS	13 mos.
58	0	7	brs. min.				
8. Birthplace Aus	tria	eounty, and	itate)	Due to			******************
10 Heural accumpation						***************************************	
11 Industry or business				Oue to			
	nton Eis	enranch	1	Other conditions None			
	ustria						
and the second s	aria Sch	oenhard	ren	(Include pregnancy w			
15		OCIDAL.		Major findings of operations			
	ustria						
	-		et. Adm. Hosp.	Autopsy results Substanti PHYStCtAN: Please underline the caus	se to which	h death should be charged s	tatistically.
Address Fort	Howard,	Marylan	nd .	22. VtOLENCE: It death was due to exte			
17 Burial		Date then	(mont) (day) (year)	Accident, suicide, or homicide,			
			ery	Where did injury occur?(City or		(County)	(State)
				Injured at home, tarm, Industry, public p			
			yland	Means of injury		Injured at work?	
			k Funeral Home	1 0	1	7	
Address 5305 Ha	arford R	d., Ba	ltimore, Md,	25 SIGNATURE SUL	K	Joenjes	W
10 Oct 2	5 19 4-6	9 0	C. W. Hedre		mand	M. D. o.	other
(Date rec'd by regist	rar)		Registrar	Address VAIN FOIL HOW	و ۱۵۱۵	Md. Date signed	LU-22-40

VS. A15

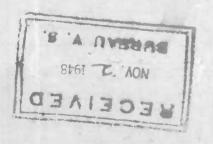
CERTIFICATE	OF	DEATH	mod
CLRITICALL	OI.	DLAIII	11/1

Reg. Diat. No

1. PLACE OF DE	ATH: Baltim	ore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	bM color	:	***************************************	********	State Maryland County Baltimore
City or town(If o	utside city or town lin	nits, write R	URAL and give nearest town))	Overlea. Vd.
Now long in above place	of death? li	fe			City or town Overlea, Md. (If outside city or town limits, write RURAL and give nearest town)
Hospitai, institution, or	street address where d	eath occurred	:		Street No. 14 Chesley Ave.
			***************************************		(If rural, give LOCATION)
How long in hospital or	institution?				2.(a) if veteran, name war.
3. (a) FULL NAMI	E				3. (b) Social Security Number
	ETHEL I. H	ENSOR			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		MEDICAL CERTIFICATION
female	white		single		20. DATE OF DEATH. Oct. 30th, 19 48 at 7:15 P.M
					21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
					July 25 19 18 10 UCF 30 19 48
	*************************	6.(c) If alive, give age	years	and that I lost saw h. L. alive on Del 30th 19.48
7. Birth date of deceased (mo., day,)	Januar	v 9th.	1890		
8. AGE: Years		Days	If less than one day		Immediate cause of death
58	9	21	hrs.	min.	former of stomach 7 hos
	Pol+imoro	Count	Tr N'd		
9. Birthpiace	(Town, c	ounty, and	y, Md.		Due to
An No. of Assessables	Cl.	erk			San Maria Maria
	11.0.17(3)	vernme	nt Employee		Due to
tt. lodustry or busines	5			-	f fffer to the
12. Name	Abraham W.				Dther conditions.
13. Birthplace	Baltin	more C	ounty, Md.		
ex	Sarah A	Enso	r		(Include pregnancy within 3 months of death)
본 14. Malden name.					Major findings of operations. Cell Cinomystones
t4. Malden name.	Balti	more U	ounty, Md.		Date of op. 8/26/48
te Informant Mrs	. Frances	Robert	a Clayton	3	Autopay results.
	Chesley A			-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addition	**		77/2/1.8		22. VIOLENCE: If death was due to external causes, fill in the toilowing:
burial	, or removal. Which?)	Date ther	eot 11/2/48 (month) (dny) (year		Accident, suicide, or homicide
	bosle				Where did Injury occur? (City or town) (County) (State)
Cemetery or cremato	3 .1	y xxx) 7.		
Location	Laltin	re	suny-		Injured at home, farm, Industry, public place (where?)
18 Funeral director C	Kassah	7 m	neval Hom	ا	Means of injury Injured at work?
The state of	7401 Belain	_	- Grandelle		XG / LAR
Address	Idor perari	700.0	1000		23. SIGNATURE
· hw.	19.48 gistrar)	h	no God Keip	mela	M. D. or other
(Date rec'd by re	gistrar)	44.	Reg	gistrar	Address 1 W Wedge Von Date signed 10 13 1 98







Serie .

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1375

CERTIFICATE OF DEATH

Reg. Díat. No.

1. PLACE OF DEATH: County Baltimore City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? 9 days Hospilal, instilution, or street address where death occurred: Vets. Adm. Hosp. Fort Howard, Maryland How long in hospital or institution? 9 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) State Maryland County Anna Polis (If outside city or town limits, write RURAL and give nearest town) Streel No. 197 Clay St. (If rural, give LOCATION) 2.(a) It veleran, name war. WW-1
3. (a) FULL NAME	3. (b) Social Security Number
FRANK EVANS	Unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro married	20. DATE OF DEATH October 30 1948 7:50A M
8.(b) Name of husband or wife Annie Evans 6.(c) It alive, give age 48 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 21
deceased (mo., day, yr.) JULY 4, 1090	Immediate cause of death
8. AGE: Years Months Days If less than one day 58 3 26	Pulmonary Embolism sudden
9. Birthplace Annapolis, Maryland (Town, county, and state) 1D. Usual occupation laborer	Due to thrombosed iliac veins
None	Due to
tt Industry or business Louis Lvans 12. Name Anne Arundel Co. Ind.	Diher conditions Post operation prostatectomy 1 day
14. Maiden name Sophie Johnston 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major fiedings of operations. Prostatectomy
16. Informant Clinical Records, Vets. Adm. Hosp.	Autopsy results Substantiated above PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof (month) (day) (year)	22. VtOLENCE: tf death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Brewer Hill Cemetery	Where did injury occur? (City or town) (County) (State)
Location Annapolis, Md.	tnjured at home, tarm, Industry, public place (where?)
tB Funeral director Mrs. Charles Hicks, Jr.	Means of Injury Injured at work?
Address 45 Northwest St. Annapolis, Md.	Alam lla
2 /2	V.F. SCUILLO, M.D. Address VAH FT. H. ward, Md. Date signed

PDEASE WRITE PLAINLY, WINDOITANT Physicians: Supply every item of information carefully. The cases of death clearly and legibly.

MARGIN RESERVED FOR BINDING

NS

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Registrar Address 1010 Leads Osc Date signed Och 17. 49

	Reg. Dist. No		
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For previous infanta give residence of mother)		
City or town Satonsvill. (If outside city or town limits, write RURAL and give nearest town) tow long in above place of death? since May 3, 1944 tospilal, institution, or street address where death occurred:	State Maryland County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town)		
Spring Grove Hospital tow long in hospital or institution? Since May 3, 1944	Street No. 4619 Frankford Ave, (If rural, give LOCATION)		
3. (a) FULL NAME Sallie FALLON	3. (b) Social Security Number		
Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F W Single	20. DATE OF DEATHOctober 17, 1948		
,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; thet I attended deceased from		
Birth date of deceased (mo., day, yr.) October 5, 1870 ? AGE: Years Months Days It less than one day	and that I last saw h		
78 ? ?hrsmin.	Acute Cardise fulur		
0. 8irthplace Frederick Md. (Town, county, and atate) 10. Usual occupation Housekeeper	Carella Vascula disco		
1. Industry or business	Due 10. Serilly		
12. Name John Fallon 13. Birthplace Frederick Md.	Other conditions		
t4 Maiden name. Mary Schill.	(Include pregnancy within 8 months of death) Major fielings of operations		
15. Birthplace Frederick Md. 16. Informant Hospital record			
Address Spring Grove State Hospital, Catonsvil Burial (Burial, cremation, or removal Whiteh?) Cemetery or crematory Bal timore, Md.	PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide		
Leonard J. Ruck 18 Funeral director Leonard Road #14	Moens of Injury Injured at work? 123. SIGNATURE Let findle for Exam Ba		

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH:

Rel timore

PLEASE

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

Reg. Diat. No ...

County				1.3
City or town Cat	onsville 2	Maj	Yland RURAL and give nearest town)	Sta
			mos. 28 das.	City
Hospital, Institution, or	street address where	death occurre	d;	Sir
	ng Grove S			0
How long in hospital or	Institution?16	yrs.	5 mos. 28 das.	2.(
3. (a) FULL NAMI				
TH	EODORE FAN	GMAN		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	1
male	white		single	
				20.
6.(b) Name of husband	or wife	**********	***************************************	21.
		6,	(c) If alive, give ageyears	
7. Birth date of	9/20/1			and
	Months	. ; Days	- tf less than one day	Im
50	9 0	16		1
9. Birthplace	Maryland (Town,	county, and	ntate)	Oue
10 Hours occupation			Standard Oil Co.	
11. Industry or business				Due
12. Name	nthony ran	gman		Dih
12. Name Anthony Fangman Dih				
H 14 Maiden name Bertha Thoben				
15. Birthplace	Berman	y		Maj
	Hoenital R	acord		Ant
Coton and lla 28 Manuland PH				
Ruuicaa				22.
(Burial, cremation	or remoyal, Which?)	Date the	reof OCT. 9-1948 (month) (day) (year)	Acc
Cemetery or cremato	HOLY	CRO	SS CEMETERY	Who
Location	RITENIE			Inju
			,	Mo
t8 Funeral director Denuma 6 Symul -				
Address 121 & WEST St.				
19. 10 7 19 48 AD Hedrich 23.				
(Date red d by res	ristrar) 19		Registrar	Add

	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For peopler infents give residence of mother)
-	State Maryland County
-	City or town. Baltimore. Maryland. (If outside city or town limits, write RURAL and give nearest town)
-	Street No. 1998 Light Street /2/o (If rural, give LOCATION) 2.(a) If veleran, name war.
	3. (b) Social Security Number
1	MEDICAL CERTIFICATION
	20. DATE OF DEATH October 6, 19 48 2:00 a
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8, 19 52 to October 6 19 48 and that I last saw h im alive on October 6, 19 48

Cholelithiasis and cholengitis Jaundice (Include pregnancy within 3 months of death)

or findings of operations..... Choledocholi thotomy and choledochoduodenostomy Date of op. ... 9-28-48

YSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

era did injury occur? (City or town)

ired at home, farm, todustry, public place (where?)

Injured at work?

Isadore Tuerk, M. D.

Registrar Address Catonsville 28. Md. Date signed 10/6/48

WRITE

PLEASE

ect age

The corr

1. PLACE OF DEATH:

How long in above place of death?..

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

8. AGE:

How long in hospital or institution?.....

Years

Hospital, Institution, or street address where death occurred:

WHITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10190

CERTIFIC

2. USUAL RESIDENCE (HOMI	E) OF DECEASED:
State MD	County BALTIMONE
City or tawn	HALL and give nearest town)
Street No	give LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
eL	NONE
	CERTIFICATION
2D. DATE OF DEATH.	28 1948 at 1-A
21. I CERTIFY that death occurred on the da	ite above stated; that I attended deceased from
***************************************	19
and that I last saw halive on	19
Immediate cause of death	heat
Due to	
Other conditions	
(Include annual with	in 8 months of death)
Control of the Contro	
	Date of op
Antopsy results	te which death should be charged statistically.
PHYSICIAN: Please underline the cause	

HRMPR 10. Usual occupation. 11. Industry or business UNKNOWN 13. Birthplace 14. Maiden name MHRQHRET Address (month) (day) (year (Burial, cremetion, or removal, Which? Cemetery or crematory Address 19 48 mrs Deward & Markeline Registrar Address 19. Gel 31. (Date rec'd by registrar)

(If outside city or town limits, write RURAL and give nearest town

6.(a) Single, married, widowed, or divorced

If less than one day

23. SIGNATUR

injured at home, farm, industry, public place (where?)

M. D. or other Date signed

Intered at work?



AND AND ASSESSED FOR THE PARTY OF THE PARTY

2411 N. Charles St., Baltimore

1700

10191

CERTIFICATE OF DEATH

Reg. Dist. No.

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME LAWRENCE HOLMAN FLEMIN	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced SINGLE.	20. DATE OF DEATH. 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (e) If alive give age years	1919
7. Birth date of O. L. 1 1912	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Minthe Days I fless than one day	Immediate cause of death OURATION
25nin.	2. FRACTURED FRITZE BILATERAL
B. Birlhplace	Due to 3 TRACTURED RUSHUMERLS
10. Usual occupation	Oue to Auto Accident
12. Name Langu Tlemeng 13. Birthplace Na	Other conditione
14. Maiden name Ory Britt 15. Birthplace Na.	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment ary Fleming	Autupsy results
Addrese 3/6 7. Proposition of the state of t	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide, TCC, 1, 8/NT, Date of 1, 8/148. Where did Injury occur? VR, Sphrew Pt. Batto M.d. (City or town) (County) (State)
Location Rielmand Var.	Injured at home, farm, Industry, public place (where?) Public Hanniff Mesne of Injury In to Culvel Injured at work?
18. Funeral director 1/40 Jan Garline St.	mB Davis m5
19. 10 9 19 48 AW Hedrick (Date red by registrar) 19 48 AW Registrar	Addrese JUNIA ALEXAM - 1317 hto Co.M. D. mysht

MARGIN RESERVED FOR BINDING

5 9-45-15M

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles	S St., Baltimore
CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County SALTIMARE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or 10wn	Slate
Hospital, Institution, or street address where death occurred:	Street No. 2 2 6 ST. HE LOCATION)
How long in hospitat or institution?	2.(a) If veleran, name war
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH 0.1 3/ 19.48 21.8 40 9. M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that rattended deceased from
7. Birth date of decessed (mo., day, yr.) MARCH 27, 1886	and that I last saw hours alive on Self-in Dunation
8. AGE: Years Months Days If less than one day 6274min.	1. Diphilis 2. Aveneysm - 35 yps-
9. Birthplace BALTIONN, county, and state)	E. Syphlific Myococditis
10. Usual occupation FiREMAN 11. Industry or business CAMP HobiRize	Due to 5. CENTRAL NERVOS SYSTEM
12. Hame L. R. M. A. L. D. G. A. J. K. 13. Birthplace B. A. L. D. M. D.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name CATHERINE RITZ	Date of op.
Address 2 7 6 ST. HELENA AUE.	Antopsy results
17 Burial, eremation, or removal. Which?) Date thereof No. 2 3 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory OAK ANA CEMETER	Where did injury occur?
Location 1235 EASTERN BUE	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director Address 2.112 DUNDALK BUG.	23. SIGNATURE MISS DAVIS MISS
19. (Date recki by registrar) 19. Registrar	Addres Duday C- 7v - m/ Date signed / v/+8 -

PLAINLY, WHTH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

30 Reg. Diat. No

13/a

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
City or town	State whole file of County to be be the some
How long in above place of death? 39 Well'	(If outside city or town limits, write RURAL and give nearest town)
Hospital, tostitution, or street address where death occurred:	Sireet No La Later Louis Talling Tang & Blis Later State (If rural tive LOCATION)
Now long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME. Melliam A. Gardner - Michel	ian A. GORDNER 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Turnied	20. DATE DE DEATH DELA SHA SHA 19.4.8 21 9 9
6.(b) Name of husband or wife Tolana Landella	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
12 (a) 16 allen alun and 14 5 man	1944 10 Dela Cas 12 1948
7. Birth date of	and that I last saw hat alive on School and I last
8. AGE: Years Months Days titless than one day	Immediate cause of death
82 - 12hrsmin.	Militage School Militage Debution of Marie Marie Marie 1
9. Birthplace Dallier no Managhar	Due to Cha Candio Vannalas - 1032:
10. Usuat occupation	Que to.
11. Industry or business	906 (V
22 13. Birthplace Musey Laced	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Relected E hardt	Major findings of operations.
E 15. Birthplace Mary land	- Qate of op.
18. Informati Little of Canal Comments of the State of Little of the State of the S	Antepsy results
Address Plane true of the form of the	22. VIOLENCE: tf death was due to external causes, fill to the following: Accident, suicide, or homicide
(Burial, cremation, or remover, Which?) Date thereof (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Del title are fully	tnjured at home, farm, industry, public place (where?)
18. Funeral director # 10.11/eller 4 8 cm	Means of Injury Injured at work?
Address /30. Certain Place	23. SIGNATURE Hillary B. Fallery March
19. 40/15 19.48 a. 20 Helica, Registrer	23. SIGNATURE M. D. or other Address Address Signed M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING FAG. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. ERVED FOR BINDING MARGIN

MARGIN RESERVED FOR BINDING

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BALTIMORE	CITY	HEALTH	DEPARTMENT
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4-15	BALTIMORE CITY HE	EALTH DEPARTMENT
F.	CERTIFICAT	E OF DEATH Registered No.
be carefully supplied.	1. PLACE OF DEATH: Co. (a) Baltimore (yr., Maryland (b) Street address (718 Walker Avenue (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED: (a) State. Md. (b) County (c) City or town (If outside city or town limits, write RURAL and give town (d) Street No.718 Walker Ayenue (If rural give location) (e) Citizen of foreign country?
ould ly an	3 (a) FULL NAME JAMES L. GARNES	
information should be	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION 20 20. DATE OF DEATH October 25, 1948 at 3.P. p.
Every item of infor write the causes of d	6 (b) Name of husband or wife Nettie 6 (c) If alive, give age years	Authory, have tion or Inquiry by said Autopsy Inspection or Inquiry, find that said deceased car
	7. Birth date of deceased (mo., day, yr.) Dec. 19, 1893 8. AGE: Years Months Days If less than one day 54 10 6 hrmin.	opinion resulted from: natural causes _, accident _, suicide _ homicide _, undetermined _ and that the causes of death were
INK.	9. Birthplace Suffolk County, Va. (Town, county, and state) 10. Usual Occupation Silk Spotter 11. Industry or business Atlantic Cleaners	INM POLATE CAUSE OF DEATH
UNFADING Physicians: 1	12. Name John Garnes 13. Birthplace N. C.	Other Conditions
H-1	14. Maiden Name Louise Sills Va.	(Include pregnancy within 3 months of death)
PLAINLY WITH	16 (a) Informant Nettie Garnes (b) Address 1216 My rtle Avenue 17 (a)	22. If an external cause was primary [] or con: ibuting [] cause of death, fill in the following: (a) Date of injury
	(c) Cemetery or crematory Western Star Location Balonsville Me	(b) Where did injury occur?
age W	18 (a) Funeral director Samuel W. Sullwangh (b) Address 10 11 M. Calington and	(d) Means of injured 1 23. Signature M.D.
PLEAS	OGT 27 1948 (b) Turting for Milians H	Date signed 10-26-48 Medical Examiner.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

eg.	Dist.	No.	4	7

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County County Compass Rd, City or fown Martin Haghway Compass Rd, (If outside city or town fimits, write RURAL and give hearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Seorge Jacob	Gettley 3. (b) Social Security Number 187-05-7203
Male Shute married without married	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 48 19 216
6.(b) Name of husband or wife Marquet Coma nee	21. I CERTIFY that death occurred on the date above slated; that I allended deceased from
7. Birth date of deceased (mo., day, yr.) afil 12 - 1918	and that I last saw h alive on 19 DURATION DURATION
8. AGE: Years Months Days If less than one day 30 6 7	Dieta De Coraz Occlusio:
10. Usual occupation	Due to
12. Name Charles Settly 13. Birthplace Par 14. Maiden name Sadie Yort 15. Birthplace Par	(Include pregnancy within 3 months of death) Major fiedings of operations.
16. Interman mus margant Settly Address 7. Bank (t. Victory Villa	Antupsy results
17. Burlar, eremation, or remover thick? Cemetery or crematory. Date thereof. Left 2/48 Amounts (day) (year)	22. VIOLENCE: If death Rap die to external causes, fill in the following: Accident, suicide, or homicide
Location Dung Nowy Ams	Injured at home, farm, Industry, public place (where?) Msans of injury injured at work?
19.Och. 2 19.7 8 flow 4. Connelly (Date ree'd by fegistrar) Registrar	Address AMAGAME Date signed 18/

WITH UNFADING INK. Supply every item of information carefully. The corresponding the important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1	1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED:
l	COUNTY	State County Baltimore
ı	City or town	Stale County County
		City or town
h	How long in above place of death?	17/9 Pablat AVE
	1269 Poplat Ave.	Street No. 269 Pololot AVE
	How tong In hospital or Institution?	2.(a) If veleran, name war.
	3. (a) FULL NAME	3. (b) Social Security Number
	Mary Magdeline Gough	13-218-09-441
	4. Sex 5. Color er race 6.(a)Single, married, widowed, or divoced	MEDICAL CERTIFICATION 30
	J. W. M.	20 OATE OF OCETY OUT 22- 1048 3 P.
		AV. VAIC OF OCAIR
	B, (b) Name of husband or wife Samuel A.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
		Oct 16 18 10 Oct 22 1948
	7. Birth date of	and that I last saw h ex alive on GCV. 21
N	accesses (mor, any, year)	Immediate cause of death OURATION
ı	8. AGE: Years Months Days If less than one day	Cardia Friling.
I	80 11 21hrsmin.	
ı	9. Birtholace Bal Eo	Que to Ohr- myocarditis.
Ņ	(Town, county, and state)	
	10. Usual occupation. House wife	
	44 Sadashin as husbana	Use 10
	11. Industry or business	
	12. Name Phillip Ruhn 13. Birthplace Germany	Other conditions
		(Include pregnancy within 8 months of death)
l	14. Maiden name Margaret Dryssel 15. Birthplace Germany	
ı	15. Birtholace (setmony	Major findings of operations.
ł		Oate of op
į	18. Informant Samuel A Gough.	Antopsy results
Ĭ	Address 1269 Poplar Ave- HI-by EUS	
ı	17 Butial Quie thereol 10/26/48	22. VIOLENCE: If death was due to external causes, till in the following:
ı	(Burial, eremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
1	Cametery or crematory Parkwood Cem	Where did Injury occur? (City or town) (County) (State)
1	Levelle Parkville 130/80 G.	Injured at home, farm, industry, public place (where?)
	Location	
I	18. Funeral director Wind Croke Anc.	Means of Injury injured at work?
1	Address 1217 St Facel St.	Frogs E. Shannon M. J
1	Audress / C 2 / C 2 / C 2 / C 2	23. SIGNATURE
1	10 - IS 10 40 U.W. Nedruck	
1	(Date ree'd by registrar) (Date ree'd by registrar)	Address 8 20 medical Als Boly Date signed 18/23/48

FOR BINDING

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

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Reg. Diat. No.

County 10020, Co	TOO O - I -
City or town	State Maryland County
How long in above place of death?	City or town
Hospital, Institution, or streat address whara daath occurred:	Street No. 2738 Llugo avenue
16 Frisling avenue	(If rural rive LOCATION)
How long in hospital or institution?	2.(a) If velaran, nama war
3. (a) FULL NAME	3. (b) Social Security Number
Harry It Trans	
4. Sex 5. Color of racs 6.(a)Singls, married, wildowed, or divorced	MEDICAL CERTIFICATION
m la simple	20, DATE DE DEATH October 10 1948 at 2.30 P. M
, and a	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Hama of husband or wife	Delatember 20 1848 10 October 10 1848
7. Birth data of A. C. C. H. alive, give aga	and that I last saw h aliva on Detating 9 19 4 8
daceased (mo., day, yr.) (lorel 1) - 1882	Immediate cause of death DURATION
8. AGE: Yaars Months Days If lass than ona day	1 /2 2 / /
66hrsmin.	1 1 1 1 1 1 2 1
Balk med	
9. Birthplace(Town, Sounty, and atate)	Due to
10. Usual occupation Lettered	
	Due to
tt. Industry or susings	
12. Name Denjamin Stay 13. Birthplaca	Other conditions
	(Include pregnancy within 3 months of death)
14. Maidan name Mynes 15. Sythologe Md G	Major fiadings of aperations.
15 Sirthnians / Mad	
Me A Mac	Date of op
16. Informant	Autapsy results
Address 2738 Augo Mine	22. VIOLENCE: If death was due to external causes, till in the following;
17 Burial Bate Maraol 101/3148	
(Burial, eremation, or removal, Which?)	
Cemetery or crematory OUS ACCIDINATION	Whera did Injury occur? (City or town) (County) (State)
Location 1 Balls	Injured at home, tarm, Industry, public place (where?)
27 Huch	Means of Injury Injurad at work?
18. Funeral diractor	1
Addrass 5305 W. Harford Nd.	23. SIGNATUNE (Library B. Folloge M. D.
At 13 16 10 to the lain	M. D. or other
(Date ree'd by registrar) Registrar	Addrass Alexandle - 20 1 May Data signed 10/11/4/2

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MAKYLAND	SIAIL	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No.



CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)		
Cily or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 days	City or town Baltimore (if outside city or town limits, write RURAL and give ne	************************	
Hospital, institution, or street address where death occurred:	543 W Washing Ct		
Vets. Adm. Hospital, Fort Howard, Md.	Uf rural give LOCATION)	•••••	
How long to hospital or Institution? 5. days	2.(a) It veteran, name war. WW-2	/	
3. (a) FULL NAME	3. (b) Social Security	Number	
HENRY T. GREGORY	218-05-2914		
4. Sex 5. Colar ar race 6.(a) Singls, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Negro Divorced	20. DATE OF DEATH. October 9	. 5 1 35 A	
6.(b) Nams of husband or wife. Divorced	21. I CERTIFY that death occurred on the date above stated; that I attended decoctober 4 1948 10 October		
T. Birth dals of	and that I last saw h im alive on October 9	19.48	
deceased (mo., day, yr.) July 31, 1920 8 AGE: Years Months Days If less than ons day	Immediate cause of death	OURATION	
8. AGE: Years Months Days If less than one day 28 2 8hrsmin.	Myocardial Failure	4 days	
8. Sirthplace Oxford, N.C. (Town, county, and state) 10. Usual occupation unemployed	Due to Hypertension Due to	Unknown	
11. Industry or business	15	***	
12. Name Clarence Gregory 13. Birthplace N. C.	Other conditions Mural Thrombi - ventricles		
	Infarcts of lungs (Include pregnancy within 3 months of death)	4 days	
14. Maiden name Carrie Holloway 15. Birthplaco N. C.	Major findings of operations		
16 Intermant Clinical Records, Vets. Adm. Hosp.	Autopsy results Substantiated above PHYSICIAN: Please underline the cause to which death should be charged		
Burial (Buriat, cremation, or removal Which?) Balo theraet. 0 12 48 (month) tday) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemelery or crematBalto. Nat'l Cemetery	Whera did injury occur?	(State)	
Location Baltimore, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Charles Cooper	Masas of Injury / pythone at work?		
Address 512 N. Carrollton Ave. Balto.Md.	15 Ir nocked		
"Cotaber ", 48 a. W. Helrich	23. SIGNATURE WM. W. SHACKLETT, M.D.	or other	
(Date rec'd by registrar) Registrar	Address VAH FT. Howard, Md. Bale signed.		

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CERTIFICATE OF DEATH

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Reg. Diat. No.

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 1	1			- Contract of the Contract of

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County Baltimore	State Maryland County
City or town (If outside city or town limits, write RURAL and give nearest town)	7-71:
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 7110 German Hill Road
Vets. Adm. Hospital, Ft. Howard, Maryland	(If rural, give LOCATION)
How long in hospital or institution? 11 Days	2.(a) It veleran, name war. WW-I
3. (a) FULL NAME	m as Adam Krausal 3.6) Social Security Number
ADAM GULCZYNSKI (also know	Inknown Unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DF DEATH. October 25, 1948 .a. 1:25 A
6.(b) Name of husband or wife Single	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	October 14, 19 48 10 October 25, 19 48
7. Birth date of	and that I last saw h imalive on October 25.
deceased (mo., day, yr.) 11-22-95	Immediate cause of death
8. AGE: Years Months Days It less than one day	Carcinoma of thyroid with 6 Mos.
52 11 3hrsmin.	metastases plus
Baltimore Md.	Que to
9. Birthplace Baltimore Md. (Town, county, and state)	
10. Usual occupation Shear Operator	
11. Industry or business	Due 10
12. Name Laurnee Gulczynski	7070
	Diher conditions DO DE.
13. Birthplace Poland	(Include pregnancy within 3 months of death)
14 Maiden name Mary Silver	Major findings of operations
14 Maiden name Mary Silver Poland	Bale of op
	Antopsy results Substantiated Above
16. Informant Clinical Records, Vets. Adm. Hosp.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fort Howard, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Date thereof (month) (day) (year)	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, outside, of non-
Cemetery or crematory Holy Cross, Polish Nat'l Cem	Where did Injury occur? (City or town) (County) (State)
Baltimore, Maryland	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18 Funeral director Howard Blight Howard M. Blight &	
Address 6009 Harford Rd., Balto., Md.	147
Ret 21 1/2 0 -11 11 11	23. SIGNATURE CONTROL N. D. Chice D.M. D. opother
19 Oct 26 19 48 a. W. Helle	Address VAH. Ft. Howard, M.D. Chief Pro Ser.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	2411 N. Char	rlea St., Baitimore	
	CERTIFICA	TE OF DEATH	Reg. Dist. No. 30
1. PLACE OF DEATH: Baltimore		2. USUAL RESIDENCE (HOME	E) OF DECEASED:
City or town Catonsville	we limits, write RURAL and give nearest town) OF January 11, 1946 there death occurred:	City or lown. Ellicott Ci	fimits, write RURAL and give nearest town)
How long in hospital or Institution?.S.	noe January 11, 1946.	2.(a) if veteran, name war	V
3. (a) FULL NAME Thom	s T. GWIN Jr		3. (b) Social Security Number
4. Sex 5. Color or rac	6.(a)Single, married, widowed or divorced	MEDICAL	L CERTIFICATION
M W	married	20. DATE DE DEATH O. atobar 24	1948 19 21 10:15
5.(b) Name of husband or wife Ele	nor Thompson	21. I CERTIFY that death occurred on the da	ate above staled; that I attended deceased from
T Blith data of		76	19
deceased (mo., day, yr.) POD 8. AGE: Years Months	Days if less than one day	Immediate cause of death	DURATION
75 8	5min	NOrman	accidental
10. Usual occupation. Oleric	own, county, and state) al worker Gwin	Due to	
Thomas T. 12. Name Thomas T. 13. 8irthplace Virgini	74711	Other conditions (Include pregnancy with	
H 14. Maiden name. Magda	lene Mohler	Major findings of operations	
16. Informant Hospital	records	Antopsy results	to which death should be charged statistically.
17. Aurul (Burial, cremation, or removal.) Cemelery or crematory	Date thereof. (0-21-48) hich?) Policy City Man.	Injured al home, farm, industry, public pla	Date of Change of State) Salts State)
18 Funeral director 7.C. Address Ellus	Hig inbothom	Means of injury of talking.	Mieffer Er am Baie signed A 24.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10201 Reg. Dist. No. 32 8300

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Batterson	(For newborn Infants give residence of mother) State Many County Ballaria
(if outside city or town limits, write RURAL and give nearest town)	le garie
How long in above place of death?	City or town
Mospital, institution, or street address where death occurred:	Street No. 17 Quetterstour Rd.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war.
annie / Leyes	Hanna 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, 6 divorced	MEDICAL CERTIFICATION
temale white Widow	20. DATE OF DEATH. Oct 3, 19.48, at 3 75. M
8.(b) Name of husband or wife George W. Harna	21. I FRTIFY that death occurred on the date above stated: that I diended deceased from
Second 8.(c) If alive, give age years	January 1947, 10 00 000 5.19.4.8.
7. Birth date of deceased (mo., day, yr.) Sent 26, 1881	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
67 7hrsmin.	
9. Birthplace (Town, county, and state)	Due to arterial by feetime ?
10. Usual occupation.	
	Due to alley Ellisse, 2
11. Industry or business	
12. Name Gurge J. Leyes 13. Birthplace Ontario. Canada	Other conditions
~ 0 0 0	(Include pregnancy within 8 months of death)
14. Malden name. Can Mc Cabe.	Major findings of operations.
15. Birthplace Landold.	Date of op.
16. Informant Leura 1. Hockey	Antopsy results.
Address 5505 Marcusses aur. Balto	PHYSICIAN: Please underline the cause to which death sheuld be charged statistically.
(Burial, cremation, or remotal Which?) Bate thereof. (monet) (day) (year)	Z2. VIOLENCE: If death was due to external couses, fill in the following: Accident, suicide, or homicide
Cemetery or crematory, Stone Chapsel	Where did injury occur?
Location (ikesville . maryland	Injured et home, farm, Industry, public plece (where?)
18. Funeral director Frank H. News Ol	Means of Injury Injured at work?
Address Riperville mary land	Etchicken aux
. Oct - 4 - 48 AF & Minlend	23. SIGHATURE M. D. or other
(Date rec'd by registrar)	Address / ikesvelle - 8-md Date signed 10-4-48

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CERTIFICATE OF DEATH

Own brush		111
	Reg. Dist.	No. 40

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State					
How long in hospital or institution?						
FANNIE J. HARRIS	3. (b) Social Security Number					
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION					
female white widowed	20. DATE OF DEATH October 15th, 18 48 3:20 P.					
6.(b) Nama of hysband or wife. George W. Harris	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from					
T. Birth data et Indra 2nd 1860	and that I last eaw here alive on Oct 14 1945					
T. Birth date of deceeeed (mo., day, yr.) July 2nd, 1860	Immediais cause of death					
8. AGE: Yeare Months Days If less than one day	afrofilery Luck					
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or businese 12. Name Cornelius Cunningham 13. Birthplace Unknown	Due to					
14. Malden name — Wood 15. Birthplace Unknown 15 Intermed Mr. Houston N. Harris	(Include pregnancy within 3 months of death) Major findings of operations					
16. Informant Mr. Houston N. Harris Address E. Joppa Rd., Fullerton, Md.	Antopsy results					
tourial Date thereof Oct. 18,1918 (Burial, cremation, or removal. Which?) Cemetery or crematory. Loudon Park	22. VIOLENCE: It death was due to external causee, till in the following: Accident, suicide, or homicide					
Location Balto., Md.	tnjured at home, farm, industry, public place (where?)					
Address 7401 Belair Road 19/0-/2-4 19/02 (Date rec'd by registrar) 18. Funeral director Advanced Funeral Have Registrar Registrar	Meane of Injury Injured at work? 23. SIGNATURE A. M. Bacou M. D. or other Address 2810 Taylor are Date signed 1/2/48.					

HINFADING INK. Supply every item of information carefully. The correct agostant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

			CERTIFIC	CAIL OF	DEAT.	П		Reg. Dist.	No		
County Balto. City or town				State	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. State						
			e, married, widowed, or divorced								
female :	white	e.(u)sing	widow	20. DATE DE				TIFICATIO		2:55 p	
6,(b) Hame of husband or 7. Birth date of deceased (mo., day, yr.)	A 11 (72)		c) If alive, give age	years and that I la	ox /	Zalive on	19 4	stated; fhat latten	X	19 42 19 48 OUBATION	
8. AGE: Years 94	Months	Days 8	It less than one day	min.	erol	roex	1Ecc.	corrha	3/2	4 days	
9. Birthpiace 1D. Usual occupation 11, industry or business	(Town	ton		Dther condit	lons				2		
						pregnancy wit		/			
14. Malden name Martha Dove 15. Birthplace Baltimore						DR\$		Date of o	p		
16. Informant Mr. William G. Harvey Address 2618 Longwood St.				Autopsy res	sults N: Please unde	erline the cause	to which	death should be	charged s		
17Bu (Burial, cremation, o	Loud	on Par		Accident, su	uicide, or homic			(County)	of		
Location	Balto., M	d.			/	ustry, public pla	ace (where	e?)			
18. Funeral director	M. J. TI	CKNER	& SONS	Means ot In	jury	/	-	Injured at w	ork?		
Address	Balto., M	ld.		23. SIGNAT	TURE AC	Leca	621	towe	el		
19. Oct 11	19 4	8 9	. W. Hedre	gistrar Address	0	0000	-2-	Con Date	M. D. or	r other	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)		
CountyBaltimore	State Maryland County		
City or townFortHoward			
How long in above place of death? 2 days	City or town. Baltimore (If outside city or town fimits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 1043 N. Mount St.		
VAH Fort Howard, Maryland	(If rural, give LOCATION)		
How long in hospitel or institution? 2 days	2.(a) If veleren, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Leroy Henderson	Unknown		
4. Sex 5. Color er race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Married (Sep.)	20. DATE OF DEATH October 7, 19 48 21 11105A		
8.(b) Name of husband or wife Cora Henderson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
?	October 5 19 48 6 October 7 19 48		
7. Birth date of Tanana 1. 7.907	and that I tast saw h im alive on October 7 1948 1948		
deceased (mo., day, yr.) JULY 49 LOY (8. AGE: Years Months Gays If less than one day	Immediate cause of death		
51 3 3 min.	Myocardial Insufficiency 9 days		
9. Sirthplace Wilmington S. C. (Town, county, and state)	Ouo to		
10. Usual occupation. Unemployed			
1t. Industry or businese	Ouo to		
	Arteriosclerotic Heart Dis. with Other conditions aortic and mitral insuff. 32 yrs.		
12. Name Samuel Henderson 13. Birthplace N. Carolina	Other conditions aortic and mitral insuff. 32 yrs. Auricular Fibrillations 3 yrs		
E 19. Whitpiete	Cardiac Indecompensation of deatly 3 yrs.		
14. Malden name Sarah ?	Major findings of operations.		
14. Malden name Sarah ? 15. Birthplace N. Carolina 16. Informant Clinical Records, Vet. Adm. Hosp.	- Oate of op.		
16 Informant Clinical Records, Vet. Adm. Hosp.	Aatopsy results NODE		
Address Fort Howard, Maryland	PHYStCIAN: Please anderline the cause to which death should be charged statistically.		
17 Burial Bato thereof Oct, 11, 1948	22. VIOLENCE: If death wes due to external causes, fill in the following:		
17. Burial (Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Baltimore National Cemetery	Where did injuly occur?		
Location Baltimore, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funerat director Charles R. Law	Meene of Injury Injured at work?		
Address 802 Madison Ave. Balto. Mg.	110 100000000		
10 15 Mill 1. VI	H.C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERV.		
(Dato wee'd by registrar) (Dato wee'd by registrar) (Dato wee'd by registrar)	Address VAH, Ft. Howard, Md. Gato signed 10/7/48		

PLEASE

VS A15

Dr	.R.	H.	Siv	er
32	03	Ab	ell	Ave.

MARYLAND STATE DEPARTMENT OF HEALTH 462 ps

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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			-	
Reg.	Dlat.	No.	3	A.

1. PLACE OF DEATH	Balt:	Lmore		2. USUAL RESIDENCE (HOME) OF DEC	EASED:
County			URAL and give nearest town)	State Md County	
(If outsie	ie city or town i			City or town Baltimore (If outside city or town limits, write	******************************
How long in above place of de Hospital, institution, or stree			•••••••••••••••••••••••••••••••••••••••	(11 oddside city of town minus, write	
Apprel, material, or acco	or addices where	dozen decarro		Street No. 239 West Lafayet	
				(If roral, give LOCA?	/
How long in hospitat or inst	itution?	******************	***************************************	2.(a) If veteran, name war	······································
3. (a) FULL NAME				3. ((b) Social Security Number
	Teshe	11a G1	caham Hiss		
4. Sex 5.	Color or ruce	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTI	FICATION
73 7 .	Mills of share	Ca	o Francis	4.	
Female	White	5)	ingle	20. DATE OF DEATH	19.48 а 3:45 р м
6.(0) Name of husband or w	Ifa			21. I CERTIFY that death occurred on the date above state	d; that I attended deceased from
				april 1948	10 ecl. 1, 1948
7. Birth date of		8.(c) If alive, give ageyears	and that I last say healive on	1. 1948
deceased (mo., day, yr.)	July 1	2,1863	3	Immediate caose of death	
8. AGE: Years	Months	Days	If less than one day	Concinomalose	A
85	2	18	hrs. min.		
	altimo		1		
9. Birthplace		county, and		Oue to Carcinoma of	Colon 6 mon
				0	
10. Usuat occupation	AT	nome		Due to Clay or all 206 ar	Corposclerous
11. Industry or business				Gette Co- Jose	
至 12. Name Stev	renson	Hiss		Other conditions are Terup scler of	tic
12. Name. Stev			11	Was A Dingago.	
				(Include pregnancy within 8 months	of death)
置 14. Malden name		_		Major fiediogs of operations	
14. Malden nameI	Etims	re, M	do		The second secon
16. InformantFran				Autopsy results.	
				PHYSICIAN: Please underline the cause to which dea	
Address 4000	8 Went	vortn	Road	en Trot Ever is took was due to everel source fills	le the fellowing:
Buria.	1	State ther	of Oct 4,1948	22. VIOLENCE: tf death was due to external causes, filt	
			(month) (day) (year)	Accident, suicide, or homicide	
Cometery or crematory	Green	mount	J	Where did injury occur?(City or town)	(County) (State)
Baltin				Injured at home, farm, industry, public place (where?) .	
Location		10	The state of the s		/Injured at work?
18. Funeral director	llau	orth	urmacos	Means of Injury	Injured at work?
Address 3911 Liberty Heights Ave.			hte Ave	CDD THU	1 911 D
Address 1911	Therry	THETE	TO AVE	23. SIGNATURE OLOGO	We) M. V.
19/0/4	19 70	H	W. Hedrack	C.O. Ada 2 = H	M. D. of other
(Date ec'd by registra	ar)	7	De Registrar	Address Address Doug	S.L. Date signed. 1.0. 3. 49
					(Siver)

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

930

10206

1. PLACE OF DEATH: "	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ba ITO	1.1
City or tows. (If outside etty or town limits, write RURAL and give nearest town)	State Md County Ba I to
How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 12/6 64 45+ Balto. 6 Md.
12/6 6445+	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lawrence W. Sohns	213-09-25-68
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH OCT 23rd 19.48 21/2 P.
6.(6) Name of husband or wife Doxo theo Sahason	21. I CERTIFY that death occurred on the date above stated; that I attended discussed from
	Oct 22 1848 10 Oct 23 1948
7. Birth date of	and that I last eaw harman alive on Ot 23
deceased (mo., day, yr.) / 22 9 - 23 - 1405	Immediair cause of death Cononary DURATION
8. AGE: Yesrs Months Days If less than one day	Occlusion 1 Sudden
43 / 28hrsmin.	
Be Ita Md.	Que to arleno selesate Cardio / yr
9. Birthplace (Town, county, and state)	washen disease
10. Usual occupation Garbage Collector	
11. lodustry or business Contractor	Due 10
ec! // / / /	
E 12. Name. HOWOX d Johnson	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name La Cap Morter	Major fiadings of operations
15. 8irthplace	Date of op.
	Autonay results.
10, III UIII JAIN 12 12 12 12 12 12 12 12 12 12 12 12 12	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / 2/6 64 45 T. /3a/To. 6 Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. But 10. Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 210 m to the ran	Where did injury occur?
Location Balto. Co Md	Injured at home, farm, Industry, public place (where?)
ful Ful Tola	Means of injury injured at work?
18. Funeral director Adams The Control of the Contr	4-2-0
Address 740/ Belan Ago	23. SIGNATURE ROM Summanulure
Oox. 25 48 John J. Comelly	M. D. or other
(Date ree'd by registrar) Registrar	Address Balto 6 Date signed 10-24-48



2411 N. Charles St., Baltimore

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- /	The Personal Property lies			

			CERTIFICA	TE OF DEATH Reg. Diat. No. 33
City or town	Lto ister stown ce of death? or street address where or institution?	hoits, write Rt 13 yx death occurred:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County Balto. City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAI		am A.K	eeney	3. (b) Social Security Number 219-03-4569
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Mar	ried	20. DATE OF DEATH 10 - 19- 19/8 at 7 A
7. Birth date of	More		tf alive, give ageye	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1930, to 9-19. 2 and that I last saw h. J. A. alive on 9-19.
deceased (mo., da)	17.17	Oays	If less than one day	Immediate carroof death DURATION
8. AGE: Yes 33	5	3	hrsml	Espellat oedena 6 pr
WI 13. Birthplace HI 14. Maiden nam 15. Birthplace	ess lvie Keen Carroll (Blanche Carroll	ey Co. Mann Co.	on attendant	Other conditions Conditions of death) Major fieldings of operations. Oate of op.
	Pauline S isterstow		<u>y</u>	Actorsy results
17	ial on, or removal, Which? Finks Carroll Co	burg o.		22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Address Re		- 1	ery B. ELine	23. SIGNATURE MM. D. or other Address. U. La Las Lower May Bate signed D - 20-

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING RESERVED MARGIN

WRITE

PLEASE



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MARGIN RESERVED FOR BINDING	ITH U	
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Σ	PL is e	
VS A15 9-45-15M	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.	
A15	EASE	
N	PE	-

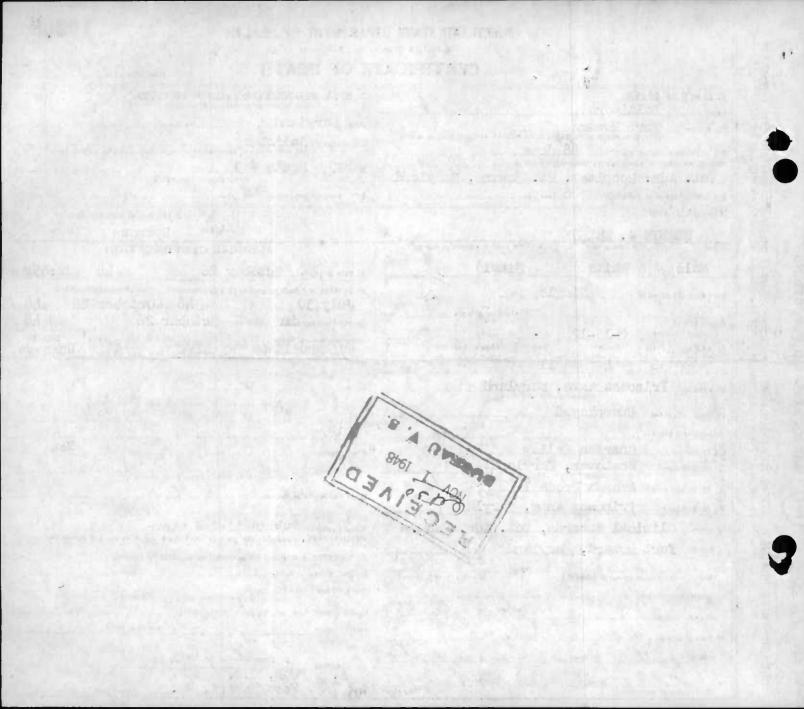
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No.

1. PLACE OF DEAT				2. USUAI. RESIDENCE (HOME) OF DECEASED: (For prowhorn infents give residence of mother)	
				State Maryland County	
			URAL and give nearest town)		
How long in above place of	death?8	8days		City or toan. Salisbury. (If outside city of town limits, write RURAL and give n	
Hospital, Institution, or s				Street No. Route # 3 (If rural, give LOCATION)	
			loward, Maryland	(If rural, give LOCATION)	
	retitution?Ö.	d days	**************************************	2.(a) If veteran, nama war	
3. (a) FULL NAME				3. (b) Social Securit	y Number
	J. KELLE	Y		Unknown	
4. Sex	5. Color ar race	6.(a)Singt	a, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	S	ingle	2D. DATE DF DEATH. October 26 19 48	10:45P M
e (h) Name at bushand as	Si. Si	ngle		21. I CERTIFY that death occurred on the date above efated; that I attended de	ceaced from
				July 30 19 48 10 October	2619.48
7. Birth data of		5.(4	e) ff ativa, giva ageyeare	and that I last saw himalive onOctober 26	19.48
deceaeed (mo., day, yr.)	6-15-12 Months		If leee than one day	Immediate cause of death CIRRHOSIS OF THE LIVER	DURATION
8. AGE: Yeare		Daye		CIRRHOSIS OF THE LIVER	Unknown
36	4	11		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
9. BirthplacePril	cess Ann	e, Mary	rland	Due to	
	. Marken grand g	346 7496		Dua to	1
t1. Industry or business	01 - 7			£ .	None
		-	•	Dither conditions	Melle
	Westover			(Include pregnancy within 3 months of deeth)	
置 14. Maiden name	Amanda B	redell	r	Major findings of operations.	
E 15 Birthalace	Princess	Anne.	Maryland	Major tradiegs of operations. Date of op	
14. Maiden name 15. Birthplace	and Dane	and Tra	+ Adm Hagn	Actopsy results Substantiated above	
11				PHYSICIAN: Please underline the couse to which death should be charge	d statistically.
Address Fort	Howard,			22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Kessy.	rol	Date there	(month) (day) (year)	Accident, suicide, or homicide	
			7	Whera did Injury occur?	
Cemetery or crematory	0 0	~	1		
Location	Mobile	y p	nayband.	fnjured at home, farm, Industry, public place (where?)	***************************************
1B. Funeral director	Leonau	J. Sel	wah.	Maane of injury Injured at work?	
	office		ave Ballo	as Lucy a	
Chyn	7- 110	X	Harke	23. SIGNATURE A.E. PUGH. M.D. M.D.), or other
19, (Date rec'd by regi	18 7		Registrar	Address VAH. Fort Howard, Md. Date eignet	d



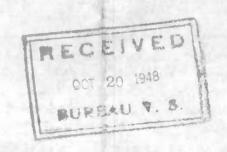
2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Diat. No. 30
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) Stele
3. (a) FULL NAME	3. (b) Social Security Number
Mary Knight	
4. Sex 5. Color or rece 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female With Widowell	20. DATE OF DEATH. 0 4. 17 19 48 of 7:45 4.
8.(b) Name of husband or wife Greats Kaisht 6.(c) If elive, give age yea 7. Birth dete of deceased (mo., day, yr.) Oct. 23, 1848	21. I CERTIFY thet deeth occurred on the dete above stated; that I attended decesed from Sept. 29 19 48 10 Oct. 17 19 48 end thet I last saw h.ef. alive on Oct. 17 19 48
8. AGE: Years Months Days It less than one day 24	Brocho-Poumonia, Biletral 3 days
9. Birthplace Carloll Coarty Md. (Town, county, shd state) 10. Usual occupation	Due to. Serility ladet.
11. Industry or business Domes Troot 12. Name William Troot 13. Birthplace Maryland	Diher conditions
14. Maiden neme Ruth Barnes 15. Birthplace Maryland	(Include pregnancy within 8 months of death) Major Sudings of operations.
16. Informent Hospital Records Address Catorsville 28, Ad	Antopsy results
17. Bur 1 A L Date thereot 10-19-49 (month) (day) (year)	22. VIOLENCE: If deeth was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory MT Z 10 N	Where did Injury Occur? (City or town) (County) (State)
Location HIGH LAND Md. 18 Funerel director F.C. H, GINBOTHOM Address FILICOTT CITY Md.	Injured at home, tarm, industry, public piece (where?) Meens of injury injured at work?
Address ELLICOTT CITY Ma. 19. 10-18 1948 ILE Harriff Registra	23. SIGNATURE M. D. or other Address Spring Gro. 1 the Hoy Date signed Oct. 17

MARGIN RESERVED FOR BINDING

NFADING INK. Supply every item of information carefully. The correct age MARGIN RESERVED FOR BINDING

VS A15



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10210

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Bal timore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Gounty Bullerton 16d	State Waryland County Paltimore		
tlf outside city or town limits, write RURAL and give nearest town)			
How long in above piece of death? 6 years	City or town Fullerton, Md. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Belair Rd.		
	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) It veleran, nama war		
3. (a) FULL NAME ROBERT D. KNOWLES	3. (b) Social Security Number none		
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white single	20. DATE DF DEATH. Oct. 27th, 19 48 at 11 A.		
G.(b) Name of husband or wite	21. I CERTIFY that deeth occurred on the date above stated; that I attended decreased from		
	Oct 15 1948, 10 Oct 27 1948		
7. Birth date of	and that I last aaw h.L.m. alive on 10-26-48 18		
deceased (mo., dsy, yr.) Oct. (A.) / 8 (A.) 8. AGE: Yeara Months Days If less than one day	Immediate cause of danth OURATION		
82min.	Congestile Kent 2 who		
	failur		
3. Birthplace	Due to.		
10. Uauat occupation. Machinist	Hyperial Color of the Many		
IU. Daugt Getspation	Que to Que to		
11. todustry or buelnasa 11. todustry or buelnasa 12. James N. Knowles			
Conn	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Emilie S. Booth Conn	Major findings of operations		
15. Birthplace Conn	Date of op.		
16. Informant Mrs. Emma Jane Knowles	Autopsy results		
Address 4106 Idaho Ave.	PHYSICIAN: Please auderline the cause to which death should be charged statistically.		
/00 // 2	22. VIOLENCE: If deeth wea due to external causes, till in the following;		
17. birial Date thereot 10/30/48 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremetory. Perkins Chapel	Where did injury occur?		
Frince Heorge Sountry	Injured at home, term, industry, public place (where?)		
Location	Mesna of Injury Injured at work?		
18. Funerel director Landka Funeral Home	0 0 0.0		
Address 7401 Belair Rd.	23 SIGNATURE Mad A. English M.D.		
10/27/48 2009, L. Resembly	23. SIGNATURE. M. D. or other		
(Date/rec'd by registrar) Registrar	Address 5713 Scar 10. Date signed 10-28-45		

NOV-3-1948

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V

19. (Date rec'd)

every item of information carefully ite the causes of death clearly and K. Supply e

FOR BINDING

MARGIN RESERVED

国 WRI PLEASE

A15

SA

CERTIFICATE OF DEATH

					Reg. Dist. No	
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) (For newhorn infants give residence	OF DECEASED:	
County Baltim				State Maryland	Ma Ca	
City or town FOI (If of How long in above place Hospital, Institution, or	of death? Appro	ximate	URAL and give nearest town) Ly 5 hours	Decedele	nita, write RURAL and give n	eurest town)
Vets. Adm.	Hospital	Ft. H	loward, Md.		ive LOCATION)	
			ly 5 hours	2.(a) It veteran. name war		
3. (a) FULL NAMI	E		The second secon		3. (b) Social Security	y Number
	EW KOPP		Andrew 6.	Kopp	212-03-	1740
4 Sex	5. Color or race	8.(a)Single	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Mar	ried	20. DATE OF DEATH October 18	19 1/8	#6.50 PM
111	1 35			21. I CERTIFY that death occurred on the date		
			pp	October 18		
7. Birth date of		6.(0	e) If alive, give age5.3years	and that I last saw h im alive on OC		
deceased (mo., day,)	r.) 11-8-9	96		Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	CARDIAC DECOMPENSAT		4 yrs.
51	11	10	hrsmin.			
9. Birthplace. Bal	timore, Ma	ryland	tate)	Due to Cor Pulmonale		Unknown
10. Usuat occupation	Shipping	Depart	ment	D. a to		****
t1. Industry or busines	9			oue to	***************************************	
		ממנ		Other conditions Bronchietasi	5	Unknown
12. Name	Unknown	* *		Stasis Derma		1 week
	Marr Ne		efen	(Include pregnuncy within	3 months of deuth)	100%
HE 14. Maiden name.	Marylar		OLO11	Major findings of operations		
					Date of op	40 207 440 10441140000177200
16. Informant. Cli	nical Reco	ords, V	ets.Adm. Hosp.	Autopsy results None		
Address For	t Howard,	Maryla	nd	PHYStCIAN: Please underline the cause to		ed statistically.
17 Burial (Burial cremation			eof. Oct 21 48	22. VIOLENCE: If death was due to external Accident, sulcide, or homicide		
	Holy Red		Cemetery	Where did Injury occur?(City or town	n) (County)	(State)
			e, Md.	Injured at home, farm, industry, public place		******************************
				Means of Injury	tnjured at work?	
				Roymon	01 In	mo
Address LOME	ard and Ar	in Sts.	, Balto., Md	#3, SIGNATURE	/), or other
19. (Date rec'd by re	gistrur) 19		AW Hodge	Address VAH Fort Howard		

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn lofants give residence of mother)
County SAL TINDRE	State M. O. County B. A. 4. TO
City or lown. (If outside city or towo limits, write RURAL and give nearest town)	City or town DAAK (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	
30 TOWNSHIP ROAD	Street No. 3 D J O S Ht P KOAA)
How long in hospital or institution?	2.(a) If veleran, oame war
3. (a) FULL NAME	3. (b) Social Security Number
CHARLES KRA	T2
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W MARRIED	20. DATE OF DEATH. 57. 10 19 48 at 2A. M
8.(b) Name of husband or wite DNNIE L SMITH	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19.74, 10
7. Birth date of deceased (mo., day, yr.) SEPT. 9. 1864	and that I last saw h wallive oo 19 40
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION OURATION 5 days
§-4 /hrsmin.	
9. Sirthplace. BAZT (MA E MA)	Due to arteriorelles 8 years
1	Chinese my tardles 4 year
10. Usual occupation ARPENTER - PETIRED	Due 10
11. Industry or business ANTON	
12. Name	Other conditions
× 2/ Canl	(Include pregnancy within 3 months of death)
6	Major findings of operations.
18. Informant AND SIE	Autopsy results
Address 30 / Bu N S H & P KOD D	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory O A A A A C	Where did injury occur?
Location 7225 EASTERN AUE.	Injured at home, farm, industry, public place (where?)
18. Fuoeral director A Land Land Land Land	Means of Injury Injured at work?
Address 2 1 (3 D) N D D 1 16 A C F.	Ward H. Hudaux Mik
MAN NO Min miles	23. SIGNATURE. M. D. or other.
19 Vac- 1 19 78- Villama Belly h.	2 Known as Alward 2011/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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2411 N. Charles St., Baltimore

10213

CERTIFICAT	E OF DEATH Reg. Dist. No
County County City or fown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn in ants give residence of mother) State
3. (a) FULL NAME ada Lewis	3. (b) Social Security Number
4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced 6.(b) Name of husband or wife. Arthur Lewy	20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Nov. 5th 1888 8. AGE: Years Months Days If less than one day 19 min.	and that I last saw h alive on 19. Immediate cause of death Grandlijk and DURATION
9. Birthplace. October vello to lill . 10. Usual occupation	Oue to Hypertensies heart diese & y.
12. Name 13. Birthplace for the street of the street o	Other conditions
18. Interment 3 old Berown Address Jergs, Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following:
17. California, eremation, or removal. Which A F. (month) (day) (year) Cometery or crematory A A F. (month) (day) (year) Location C C A CASSIVILLE MACK.	Accident, suicide, or homicide
18. Funeral director 1: SCOU Brooks Address Darks Mcd. 19. (Dato ree'd by registrar) Registrar	Means of Injury Injured at work? 23. SIGNATURE Elizabeth B. Shewilf M. J. or other M. D. or other Address. Cockeys tille 174 d

FOR BINDING MARGIN RESERVED

ADING INK. Supply every item of Physicians: please write the causes



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH!	2. USUAL RESIDENCE (HOME) ((For newborn infant give residence of	OF DECEASED:
County	YII AL	Ballo.
City or town	March	TAIL
How long in above place of death?	City or town(if outside city or town limit	ts, write RURAL and give nearest town)
Hospital, tnatillution, or street address where death occurred:	Street No.	
		a LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Chakel Ligh	t	3. (b) Social Sacurity Number
4. Sax S. Golor or race S. (a) Single, married, withowad, or stroked	MEDICAL C	ERTIFICATION
1 colored sengel	20. DAYE OF DEATH Oct.	15 1048 19 au
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date at	bove stated; that I attended decessed from
Jacob St. (c) If allra, giveney	t0	
7, Birth date of deceased (mo., day, yr.) (untruowy) 1880		
8. AGE: Years Months Days If less than one day	Immediais chase of death	DURATION
7 68min.		
MI NAMEN	Muma	Lake
9. Birthplace (Town, eponty, and atata)	Due to.	
10. Vavel occupation tour but tillud	B - A-	
11. Industry or business	Due to	***************************************
12. Name	Other conditions	
13. Birthpisce Unburown		
	(Include pregnancy within 3	months of death)
14. Malden name	Major findings of aperations	
15. Birthplace		Date of op.
18. Informant	Autopsy results	which death should be charged statistically
Address Nouhloy /V	W.	
17 Burial Date thereof 10-15-48	22. VIOLENCE: If death was due to external ca	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cometery or crematory	(City or town)	(County) (State)
Location Decree of State of St	Injured at home, farm, Industry, public place (where?)
18. Funeral director A. SOU Brooks	Masna of Injury	tnjured at work?
1 Kark I OMA		France
Address Darvis, Illin	23. SIGNATURE	/ Rance
10 Oct, 15 1.48 anna Price	Acal to	Ind 10/11/v
(Date rec'd by registrar) Registrar	Address	Date signed

MARGIN RESERVED FOR BINDING

pply every item of information carefully. The correct age se write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING IN is especially important. Physicians

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OCT 19 1948

BUREAU V. S.

WRITE

PLEASE

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Evidence	fo	r char	ige	of	MARYLAND	STATE	DEPARTMENT	OF	HEALT
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decenent 1	1 9	SHOWN	on	PI T	THE				

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

G118 11/15/48 js Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF (For newborn infants give residence of mother) State. outside city or town limits, write RURAL and give nearest town) City or town How long in above place of death?..... Hospital, Institution, or street address where death occurred: Street No.... (If rural, give LOCATION) How long in hospital or institution?.. 2.(a) I1 voteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced CERTIFICATION 20. DATE DE DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of 1904 deceased (mo., day, yr.) Immediate cause of death DURATION Months If less than one day 8. AGE: 44 10. Usual occupation. 11. Industry or business 12. Name... 13. Birthniace (Include pregnancy within 3 months of death) 14. Maiden na 14. Maiden name. Major findings of operations..... Date of on. 16. Informani PHYSICIAN: Please underline the caose to which death should be charged statistically. Address 22. VIOLENCE: Il death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) (month) (day) (year) Where did Injury occur? Cemetery or crematory (City or town) (County) (State) injured at home, 12rm, industry, public place (where?) Location injured at work? Means of Injury 23. SIGNATURE M. D. or other (Date rec'd by registrar) Registrar

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10216

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OP DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Tank	(For newhorn infants give residence of mother)	
City or town	State. County # County	
How long in above place of death?	City or town (if outside city or town Imits, write RURAL and give nearest town)
Hospital Inditation, or street andress where death occurred!	Estreet No. BV481A Kidge Ro-	
rage of the	(If rurei, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	100000000000000000000000000000000000000
3. (a) FULL NAME Dennis Charle.	Sattle 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	70
made or single.	20. DATE DE DEATH	00
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decaused from	-
A (A (II)		9
7. Birth date of S.(c) If alive, give age year.	and that I Jast saw hative on	9
deceased (mo., day, yr.) B. AGE: Years Months Days If less than one day	Impediate zure of death OUI	RATION
5 5 G hrs.	tracture van Hull.	
bid Dan wash 10 passes	Fractice Cower fow.	
9. Birthplace (Town, county, and atate)	Due to.	L.
1D. Usual occupation		
	Oue to	
11. Industry or business		**********
12. Name Balta. Esty Ind.	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Hallie May 15. Birthpiace Balts. Es. Md.	Major findings of operations	
15. Birthplace Balto. 60. Md.	Date of op.	
16. Informant By v. E. H. Little	Autopsy results.	
Address Ridge Rd. Box 4+1 A. Bella 4.98	PHYSICIAN: Please underline the cause to which death should be charged statistically	y.
17 Birial Date thereof Oct, 29, 1948	22. VIOLENCE: If death was due to external causes, till in the following:	64
(Burial, cremation, or removel, Which?) (month) (day) (year)	Accident, suiside, or hamicide.	2
Cemetery or crematory Carken ord Cemetery	Where did injury occur? (City or town) (County) (State)	0
Location Taylor ave:	Injured at home, tarm, industry, public place (where?)	ζ
18. Funeral director Lassahn Funeral Home.	Means of Injury Culton Aule. Injured at work? Med	
Address 7401 Belain Rd. Balto Le. md.	muhas	2
Cal 27 1001 Pro 10 I Pail 1	23. SIGNATURE De or other	M
19 Com. 2 19 19 48 MM G. a. Verland	w person means yearne	-



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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH alteriore - 22	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State County
City or lown(If outside city or town limits, write RURAL and give nearest town)	City or lown do u # /.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
BOX 83 LYNCH. NOAD.	(If rurai, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME PAUL MACEK.	3. (b) Social Security Number
4. Sax 5. Color or tace 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male . white . WIDOWED .	20. DATE OF DEATH OC TO BER 25 19 48 at 9 4. M
8.(b) Name of husband or wife MARY MACEK.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and thet last eaw h / Mallye on Oct. 25 19 48.
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
67. 3 26hrsmin.	Coronary Thrombours Iday.
9. 81tholace CZECHOSLAVAKIA.	Due Io.
(Town, county, and state)	Buteriosclustic.
10. Usual occupation. LABORER.	Due to. Coronary distant - 6 yrs.
11. Industry or business GENERAL.	
12. Name ADAM MACEK. 13. Birthplace CZECHOSLAVAKIA.	Other conditions.
Z 13. Birthplace CZECHOSLAVAKIA .	(luclude pregnancy within 3 months of death)
H 14. Malden name EVE	Major findings of operations.
14. Maiden name EVE ? 15. Sirthplace CZECHOSAAVAKIA.	Major radings of operations. Date of op.
16 Informant JOHN LOUIS MACEK.	Autopsy results
Address AS IN # 1.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Q : 1 1/28/48	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory David Heart	Where did injury occur? (City or town) (County) (State)
Location German Hill Road	Injured at home, farm, industry, public place (where?)
100 - 9:0. ale	Means of injury / African al work?
18. Funeral director	Ch. , b h . 1
Address 403 S. Cyoya Min.	23. SIGNATURE. OLLS N. Yallin. M. N.
19. (0 - 2) 9/8 Declaration (late rec'd by registrar) Registrar	Address Paramours P+ had Date signed 0/2 5/49

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEA		•		2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
County	Parkvi	Llle	***************************************			
County				State Maryland		
(If outside city or town limits, write RURAL and give nearest town)				City or town Baltin	nore	anat town)
How long in obove place Hospital, institution, or	street address where d 2711 Gler	eath occurre	l:	Street No. 2711 Glenda		
	2711 Gler	ndale	Road		ve LOCATION)	
How tong in hospital or	institution?		***************************************	. 2.(a) tf veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
	MARIE	E E.	MAIENSHEIN			
4, Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
female	white	m	arried	20. DATE OF DEATH Octobe	er 27th 19 48	, at
6.(b) Name of husband	or wife Joh	n F.	Maienshein	21_I CERTIFY that death occurred on the date :	above stated; that I attended dec	eased from
		6 /	c) If alive also are	Jan 1		
7. Birth date of	June	28	c) If alive, give ageyea	and that I last saw h alive on	10/	R7195
deceased (mo., day. y	1.7	Days	If less than one day	Immediate cause of death	<u></u>	. DURATIO
0. 11041						
34	3	29	hrs,mlr	Carelmana e	f the	1.4
9. Birthplace	Philade	lphi	8	. Oue 10. Lake	·	
	e t	ounty, and hom				***
10. Usual occupation			······································	Oue to		***
11. Industry or business			_		•••••	***
12. Name	Edward C	. Не	ttel	Other conditions		
	Phi	lla.		(Include pregnancy within		
質 14. Maiden name	Emma Sc	hmie	der			
14. Maiden name		lla.	***************************************	Major findings of operations		
			a la a i u	-		
	. John F.			PHYSICIAN: Please underline the cause to		
Address 2	711 Glend	lale	Road			etatisticany.
" Buri	al	Rate than	ant 10-30-48	22. VIOLENCE: If death was due to externat		
(Burial, cremation	or removal, Which?)		eof 10-30-48 (month) (day) (year)	Accident, suicide, or hamicide		
Cemetary or cremato	, Mor	elan	d Park	Where did injury occur?(City or town	(County)	(State)
	Bal	ti mo	re, Md.	Injured al home, farm, Industry, public ptace	(where?)	
	Leoner		Ruck	Means of injury	Injured at work?	
18. Funeral director	05 Harfor			"	1	
Address	oo har lol	u no	au #14	23. SIGNATURE DALACE	la. Got	P. 14.
(Lat	12 116	0	21 1/- 1100	2	M. D.	or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exist is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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Σ	PLA
9-45-15M	WRITE
VS AID	PLEASE

2411 N. Charles St., Baltimore

10219

CERTIFICA	TE OF DEATH Reg. Dist. No 3.0
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Howard G. Maloney	
4. Sex Male W. G.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH
(nee Vierengel) 7. Birth date of deceased (mo., day, yr.) 6.(b) Name of husband or wife Late Ida J. Maloney 6.(c) If alive, give age years	21. I CERTIFY that dealh accurred on the date above stated, that I attended deceased from
8. AGE: Years Months Days If less than one day	Carcinomalosis
9. Birthplace Baltimore, M (Town, county, and state) 1D. Usual occupation. Retired	Due to
11. Industry or business Baltimore Transit Co. 12. Name Daniel Malorey 13. Birthplace Dhd.	Other condition Illeman fascensona 8 Mills
14. Maiden name Elizabeth Their	Major findings of operations. Date of op.
Howard F. Maloney Address 6210 Frederick Road	Autopsy results
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Loud on Park (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location 3801 Frederick Road (18. Funeral director Harry St. Willson -	Injured at home, farm, Industry, public place (where?)
Address 4101 Ed mond son Ave.	23. SIGNATURE Dallage
19. 10-23 1945 Co. Harry Registrar	Address 3326/Selbus W pro signed 1912 He



PLEASE WRITE PLAINLY, WETH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

10220

Reg. Dist. No. 30

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)		
county Baltimore						
(If outside city or town limits, write RURAL and give nearest town)				State Maryland County Baltimore City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)		
	or street address where		x un	Street No. 219 Newburg Av		
J	19 ner			(if rural, giv	e LOCATION)	
How long in hospital	or Institution?	/		2.(a) II veteran, name war		
3. (a) FULL NAM	ME		The state of the s	A About the Control of the Control o	3. (b) Social Security	Number
	Linda L Ma				Mone	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
F	W	S	ingle	20. DATE OF DEATHOctober	2619.48	. 510a
				21. I CERTIFY that death occurred on the date at	bove etated; that I attended deces	need from
7 51 11 424 -4		В.	(c) If alive, give ageyeare	and that I last eaw halive on		
deceased (mo., day	(m) August	23	1948			
8. AGE: Yea		Days	1 If leee than one day	Immediate cause of death		DURATION
0	2	3	hre min.	8 11- 1	. Acc. I	
04	0	1026	Belto me,			
9. Birthplace	1 CONTRACT	county, and	Kello Ma	Due to		***********************
10. Veual occupation		/		Due to legundlate	- For	***************************************
11. Industry or bueing	ees	11			0	
12. Name	Alfred Mar	quess.		Dther conditions		
13. Girthplace	Md	•				
	Errolam 7 C	14		(Include pregnancy within 3	months of death)	
본 14. Malden name	Everyn Las	reiner	r	Major fiadings of operations	***************************************	***************************************
14. Malden name	Md			i -		
	fred Marque	200		Autopsy results		
				PHYSICIAN: Please underline the cause to w		
Address 219	Newburg Ave	-Cato	nsville, Md	22. VIOLENCE: If death was due to external ca	uses fill in the following:	
17. Buria	on, or removal, Which?	Date the	reol 10-27-48 (month) (day) (year)	Accident, eulcide, or homicide Accident		7/2 76 45
						Mu 1
Cemetery or crema	tory Good She	pherd.		Where did Injury occur (City or town)	elle Jul	(State)
Location Ellicott City Md			1/d	Injured at home farm, industry, public place (ybere?)	
				Means of injury Causer S	Injured at work?	w
18. Funeral director.			1	210	11 , X	effect
Addreee	Ellicott C	ity	Md.	1. m	Mis Ida E	ban Bell
10 90	2 110	7/	E 1/0001.	23. SIGNATURE	M. D. c	or other
Date rec'd by r	registrar)	U.1	Ca Harry Registrar	Address 1010 Read	Date signed &	16.76 401



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

T DU LOT OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
1. PLACE OF STATH	(For newborn infants give residence of mother)
Zowen	State County & Jaconic
(If outside city or town limits, write RURAL and give nearest town)	City or iown (if outside city of town limits write BURAL and give nearest town)
Now long in above place of death?	(It outside city of town Interest with the first site give hearest town)
nospital, institution, or street address where death observed.	Street No
How long in hospital or institution?	2.(a) If veteran, mamp war
3. (a) FULL NAME martha a	nn matthews 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
Temale Colorge Ot space	20, DATE OF DEATH. OT 30 1948, at \$200 M
8.(b) Name of husband or wife Lsurge Ot.	21. I CERTIFY that death occurred on the date above stated: that tattended deceased from
As (c) If elive, give, ageyea	rs 0 to 0 t
7. Birth date of	and that I last sew h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Impediate cause of death to toleman was a grand
17 8 22 hrs. ml	n.
Mar And Co med	Id well as the way
9. Birthplace(Town, connty, and state)	Oue to
Hausewite.	
10. Usual occupation.	Oue to
11, Industry or business	
12. Name	Other conditions
A1 -	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace	
mes. Tilu C. Moung	Autopsy results.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Delot 2 101/2	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation or removal Which?) (Burial, cremation or removal Which?)	Accident, suicide, or homicide
Enswell Clm.	Where did injury occur?
Cometery or crematory	Injured at home, farm, Industry, public place (where?)
Location Location	Injured at nome, tarm, industry, public place (where) Injured at work?
18. Funeral director, Musi Lewye S. Charles	Means of injury
Address 1631 Wigned Still Con	23. SIGNATURE Dennett a. Alocy
" 11/2 " VE Als Hedie	Protockii OCA 10/3xolus
(Date rec') by registrar) Registr	ar Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page of specially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

oct age

1. PLACE OF DEATH:

Baltimore.

CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED:
l	(For newborn infants give residence of mother)
	State Maryland County Baltimore
	City or town Rutal - Cockey sville
	(If outside city or town limits, write RUKAL and give nearest town)
	Street No. Bosley Road.
	(1f rural, give LOCATION)

City or town. Rul-al-Cockey Suile (If outside city or town limits, write RURAL and give nearest town)	State County Day A GE
How long in above place of death? 6 Vear-5 Hospilal, Institution, or street address where death occurred:	City or town (1) outside city or town limits, write RUKAL and give nearest town) Streel No. Bosey Road
Bosley Road	(If rural, give LOCATION)
How long in haspital or institution?	2.(a) if veleran, name war
James Goddard Mattin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH 16 October 19 48 at 11:03P
B.(b) Name of husband or wife Elizabeth S. Matting ly 5.(c) If alive, give age 68 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 July 1948, to 16 October 1948
7. Birth date of 0 - to 1 - 16 1880	and that I last saw h 1 1772 allve on 16 October 1948
8. AGE: Years Months Days If less than one day	Immediate cause of death
<u> </u>	Coromary Miombosis 1 day
9. Birthplace St. Mary & Co. Mary land (Town, county, and state)	Due to Arterio -sclerotic 2 year
10. Usual occupation LUITI BCF TICK-Chart	Due to
11. Industry or business Lumber - Baltimore	
12. Name James Ignatius Mattingly 13. Birthplace St. Marys Co. Maryland.	Dther conditions
Mario Goldail	(Include pregnancy within 3 months of death)
15. Birthplace St. Matys Co. Maryland.	Major findings of operations
16. Informant Elizabeth S. Mattingly	Aotopsy resolts.
io, informati	PHYSICIAN: Please ooderlise the cause to which death should be charged statistically.
to 19 18	22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof	Accident, suicide, or homicide
Cemetery or crematory NEW CATHEORAL	Where did injury occur?
Location BALTO, MD	Injured at home, farm, Industry, public ptace (where?) Maens of Injury Injured at work?
18. Funeral director HENRY W. JENKINS & SOUS CO.	1 , , , , , ,
Addres 4905 TORK KD. BALTO. MD.	23. SIGNATURE. Walter T. Kees M.D.
19. Ols 19. 48 a. W. Hefluse (Date rec'd by registrar) Registrar	Address Cockey soille, Md. Date signed 10-16-4.

2411 N. Charles St., Baltimore

10223

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Balto.	State Md. county Balto.		
City or town			
	City or town Owings Mills (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	Diocont Uii l Dd		
nosphal, institution, or street address where death occurres.	Street No. Pleasant Hiil Rd.		
	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Donald E.Maxwell			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
24 2 9973 14 24	A.T 1 19 44 7 P		
Male White Divorced	2D. DATE DF DEATH. 19		
6.(6) Name of husband or wife Mary F. Maxwell	21. I O'RTIFY that death occurred on the date above stated; that Lattended deceased from		
	1948, to 1948		
7. Birth date of	and that I last saw have alive on at -11 - 19/4		
deceased (mo., day, yr.) April 25, 1900	Immediate cause of death		
8. AGE: lears Months Days li less than one day	Immediate Cook of Status		
48 5 17hrsmln.	Miller makes Illand a		
	I wanted the state of the state		
9. 8irthplace	Due to		
tD. Usual occupation Mechanic at sawmill	Due to		
11. Industry or business			
I 12. Name John Maxwell	Differ conditions Ame		
	Uniter conditions		
	(Include pregnancy within 3 months of death)		
# 14. Maiden name Annie Woodriff	Major fiediogs of operations.		
Hansen Wisconsin			
14. Malden name Annie Woodriff 15. Birthplace Hansen Wisconsin 16. Informant Leona Lloyd	Date of op.		
16. Informant Leona Lloyd	Actopsy resolts.		
Court on one 15: 2.2 - 252	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
t7. Burial Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Druid Ridge	Where did injury occur?		
Balto.Co.	Injured at home, farm, Industry, public place (where?)		
Location	Means of Injury Of A C Injured at work?		
18. Funeral director of Felline - Sons	667		
Address Resisterstown, Md.	Case-Michae Will		
- 1 0 11.	23. SIGNATURE: M. D. or other		
19. 10-13- 19 48 Mary 12. ELINE.	Address / ilsesurele & med Date signed 10-12-4		

WRITE PLAINLY, WITH UNFADING INK Sopply every item of information careful, is especially important. Physicians: please write the causes of death clearly and FOR BINDING

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limits, write RURAL and give nearest town)

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4	carefuny	ariv and le
	of information	of death class
OR BINDING	every item of	ito the course of death clearly and legible

	eve	te
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NARGIN RESERVED

				CATE OF DEATH Reg. D
County	Balt Cato side etty or town death? Lireet address where Frove Sta	nsvill limits, write month death occurrente Hos	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL	
3. (a) FULL NAME	Edward			3. (b) Soci
6.(b) Name of husband or		6.	single (c) If alive, give age	June 29 19 19 10 10 10 10
8. AGE: Years	Months 6	15, 1 Days	tf less than one day	Immediate cause of death Carcinoma of the larynx wi extensive metastasis
9. Birthplace	Mama		state)	Due to Pharyngo-cutaneous fistule
12. Name	John S Maryla Elizab Maryla	eth Sh and	Mayhew enkel	(Include pregnancy within 3 months of death Major findings of operations
Address 17. Buria (Burial, cremation, Cemetery or crematory Location 2 9 18 Funeral director Address 9 M	Cat ons	syille -	erick and	PHYSICIAN: Please underline the cause to which death should be sho
19. (Date ree'd by reg)	strar) 19 7-1		MC Reg	Address Catonsville-28, Md.

3. (b) Social Security Number L CERTIFICATION 29 19 48 at 1:20p w ate above stated: that I attended deceased from 19 48 to October 29 19 48 October 29 19 48 e larynx with asis us fistula hin 3 months of death) cheotomy - date unknown; to which death should be charged statistically. nai causes, fill in the following: (State) (County) injured at work? Registrar Address Catonsville-28, Md. Date signed 10-29-

VS A15

The

CERTIFICATI	E OF DEATH 175 Registered No	10225
1. PLACE OF DEATH: (a) Prolimore Cirp, Maryland Saulton Balto Co. Md (b) Street address Mr. Causal Roos (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days)	(a) State Ma (b) County Balta (c) City or town Galta (If outside city or town limits, write RURA (d) Street No. (If rural give location) (e) Citizen of foreign country?	(Yes or No)
	ays - THEARTH AND THE HOLDEN	
3 (b) If veteran, name war No. 1. Sex 5. Color or race divorced. 6 (b) Name of husband or wife travite. Market June 6 (b) Name of husband or wife travite.	20. DATE OF DEATH 22. I certify that death occurred on the date above state of deceased from 19 to 19	19,
6 (c) If alive, give age 4 7 yesrs 7. Birth date of deceased (mo., day, yr.) Mov. 2 1889 8. AGE: Years Months Days If less than one day 5 8 11 20 hr. min.	Immediate cause of death read on arrival Cruphed thest	Duration
9. Birthplace (Town, county, and state) 10. Usual Occupation factorial	Due to	
11. Industry or business	Other Conditions	
12. Name of grant mays 13. Birthplace Balto G. and 14. Maiden Name Sallie Diacey	(Include pregnancy within 3 months of death) Date of operation. Major findings of operation:	Underline the
15. Birthplace Balto Co m.d.	of autopsy:	charged statis-
16 (a) Informant Mus W. May S. (b) Address Parlston may	22. If death was due to external causes, fill in the formation (a) Accident, suicide, or homicide, accident	The second secon
(a) Dural (b) Date thereof Att. 23, 1943 (month) (day) (year)	(c) Where did injury occur? (City or town) (Cou	place, in public
Location M. Carrel Mallo G. Ma 18 (a) Funeral director Sandan M. Burafts (b) Address Sandan M. Burafts	place? While at won (Specify type of place) (e) Means of injury Custof & & & & & & & & & & & & & & & & & & &	ik?
19 (a) 10 - 26-48(b) Mary 3. Eline (Date red by registrar) (Date red by registrar)	Address Parliton Vel Date sig	nex of D.

BATTHORE CITY HEALTH DEPARTMENT

VS 150

2411 N. Charles St., Baltimore

010

Reg. Diat. No.

	CERTIFICATE OF DEATH		
rmation carefully 1 he cord	1. PLACE OF DEATH: Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give rysidence of mother) State	
information of death clea	3. (a) FULL NAME HARRY ELMER ME.	7. (b) Social 215-	
ING of inf uses of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married Married	MEDICAL CERTIFICAT	
SE WRITE PLAINLY, WITH INFADING INK. Supply every item of is especially important. Physicians: please write the causes	6.(b) Name of hypotens or wife MAPTHAM PARKS 6.(c) If alive, give age year deceased (mo., day, yr.) JAN-29, 18 79 8. AGE: Years Months Days It less than one day 9 29 hrs. miles of 18 19 19 19 19 19 19 19 19 19 19 19 19 19	ars and that I last saw https://www.alive on Delta 2 g	
VS A1	19. QO. 29. 19.48 W-landl Van Home	23. SIGNATURE VALUEL 7 11-No	

City or town	SON , write RURAL and give near	ont town)
Sireet No. 413 BEOLIA	ia Court	
2.(a) It veteran, name war		
RYMAN	3. (b) Social Security Number 215-16-9132	
MEDICAL CI	ERTIFICATION	Transport
28. DATE OF DEATH. DCT. 28,	1948	15 P.
21, I CERTIFY that death occurred on the date about 19.4	48 10 Och 28	19.48
and that I last saw has alive on Gol.	285	19.48.
Immediale cause of death		DURATION
Coronary Thr.	onboses -, Schress	1 monts
Bue to		
••••••		
Bther conditions		
(Include pregnancy within 3	months of death)	
Major findings of operations		
	Date of op	
Antopsy results	hich death should be charged (tatisticaBy.
22. VIOLENCE: If death was due to external case	uses, fill in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)		(State)
injured at home, farm, industry, public place (w	here?)	***************************************
Means of Injury	injured at work?	

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DEC 3 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

10227

CENTIFICATE OF DEATH

Reg. Diat. No.....

CERTIFICAL	E OF DEATH
1. PLACE OF SEATH County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOM (For newborn infants give reside State
4. Sex 5. Bolor or race, 6.(a) Single, magried, widowed, or divorced	MEDICA
Hale While Marriet. 6.(b) Namo of husband or will a Christian Miller.	20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days these than one day	and that I tast saw halive on
9. Birthplace (Town, county, and state) 10. Usual occupation Runners Helpers	Due to
11. Industry or business Dut Annth. 12. Name	Other conditions
14. Maiden name	Major findings of operations
16. Informant miss. anna C. Helmest Address 2717 H. Faumount Core. Balk . ms 17. Bussel (Burlal, cremation, or removal, Which?) Date thereof. Most. 2-48 (month) (day) (year) Cemetery or crematory moreland munual Park	Autopsy resolts PHYStCIAN: Please underline the cause 22. VIOLENCE: If death was due to extend the control of the control o
Location Justin Cor. Polito Co. 18. Funeral director from S. Commelly Address 418 Casteen Core. Entry 2nd.	Injured at home farm, Industry, public p Means of Injury 23. SIGNATURE
19. (Date ree'd by registrar) Registrar	Address Balta Cont

2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	
State Mos	ounty Balto
City or town	its, wate RURAL and give nearest town)
	ve LOCATION)
	3. (b) Social Security Number

	3. (b) Social Security Number
	CAL CERTIFICATION
20. DATE OF DEATH.	Oct 30 148 11 430
21. I CERTIFY that death occurred on th	ne date above stated; that I attended deceased from
and that I tast saw halive on.	18
Immediate cause of death	
Coronary	Isolusia A
Due ta	7
Due to	
Other conditions	
(Include pregnancy	within 3 months of desth)
Major findiogs of operations	
***************************************	Date of op.
Antopsy resolts	nose to which death should be charged statistically.
22. VIOLENCE: If death was due to e	xternal causes, fill in the following;
Accident, suicide, or homicide	Oate of
Where did injury occur?(City o	or town) (County) (State)
injured at home, farm, industry, public	piace (where?)
Means of Injury	Injured at work?
Amlo	Manage The S

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WITH UNFADING INK. Supply every item of information carefund. The correct age important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

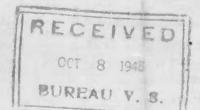
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Reg. Diat. No.

10228

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Bay to Co. Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown Park VALA & Ma	State 20 County County
How long in above piece of death?	(If outside city or town limits, write RURAL and give pearent town)
Hospital, Institution, or street addrese where death occurred:	Street No. 3036 Moreland Clue.
3036 Moreland Hvonue	(If rural, give LOCATION)
How long in hospital or inetitulion?	2.(a) I1 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James J. Mitchell	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. 0 4 5 12 - PM
B.(b) Name of humband or wife tatie / 4 itchell	21. I CERTIFY that death occurred on the data above elated; that I attended decessed from
	Jan 19 7 7 10 B CF . 5 19 7 8
7. Birth date of / 2 - Cl. /862	sind that I last eaw h
8. AGE: Ysers Months Days If less than one day	Immediate cause of death
86 3 5min.	artinonile to cardin +
The land Co. med	Due 10 1/45 walar - remal
9. Birthplace	dusare
10. Usual occupation	Due to.
11. Industry or bueinsss	
12. Name	Dither conditions
12. Rame.	(Include pregnancy within 3 months of death)
H 14. Meiden name	
15. Birthplace	Major findings of operations
15. Brimpiace & Dai t-0. 01	
16. Informant 302 (Daga & L. C. Ove	Autopsy resulta PHYSICIAN: Please underline the cause te which death should be charged statistically.
Address 3 0 3 6 1 1 1 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereol (mont)() (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & list & le &	Whers did injury occur?
Location Thankord 60 h	Injured et home, ferm, industry, public place (where?)
18. Funeral director dans de terres Oddie	Means of Injury Injured st work?
Address 7401 Belain Ord.	23. SIGNATURE / W. a. Grott, C.D.
19. Oct. 6 1948 O. M. Bacon (Date ree'd by registrar) Registrar	Address \$100 Harfacl M Date signed 10/5/46.
(Date ice and estimate)	MARIE CO. C.



2411 N. Charles St., Battimore

930

(If outside city or town limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For pewborn infants give residence of mother)

..... County

Maryland

Baltimore

10229

- 30

CERTIFICATE OF DEATH

City or town.....

			CERTIFICA
1. PLACE OF DEA	ATH:		
County	Baltimore		
City or town	Catonsvil	le	URAL and give nearest town)
(If o	utside city or town	limits, write R	O months Il day
How long in above place Hospitat, Institution, or	of death?	edis, 1	O months, 11 day
nospitat, institution, or	Grove St	ate Hos	nital
			O months, 11 day
	-		- monons, 11 deg
3. (a) FULL NAME			
MARY N	ORAWSKA		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed or divorced
72 . 2	75 m . 3 L		.a
Female	White	I WJ	Ldowed
6.(b) Name of husband	or wifeun.kn	own	
erfel menne er mespens			A) Id aliana anna anna
7. Birth date of			c) If alive, give ageyea
deceased (mo., day, y	And the second second second second		
8. AGE: Years	Months	Days	tt less than one day
65	5 ?		
tD. Usual occupation 11. Industry or business			sewife
4			
12. Name	ur		
≤ 13. Birthplace	ur	known	
Maiden name	ur	known	
5		known	
E 15 Birthplace			77
16. Informant.	Hospital	record	5
Address	Catonsvil	Te 28.	Md.
10			/
(Burial cremation	or removal. Which	. Date then	eof
Cemetery or cremato	6	TANIS	SLAUS CEM!
		1	
Location	MUTTLE	- HYE	
18 Funeral director	1111	12	TIER INC
		^	
Address 40°	5 3, U	JOLF	= 3);
. 1111	48	1 V=	is bedroom
(Date red d by re			DO Registra

	3. (b) Social Security	Number
MEDICAL	CERTIFICATION	II. T. Eliker
DATE OF DEATH Octobe	r 4, 19 48	3:16 p.m
. I CERTIFY that death occurred on the date November 2: d that I last saw h e.r alive on	3,1927, Octobe	r 4, 19.48
mediate cause of death		
Acute pulmonary	oedema	. 10 minute
disease Senility		indefinite
her conditions		
ajor findings of operations		
none		
atopsy results		d statistically.
	I course fill in the following:	
. VIOLENCE: If death was due to externa	i canasa, ini in the longwill.	
VIOLENCE: If death was due to externa		
	Date ot	(State)
cident, suicide, or homicide	Date of (County)	(State)

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VS A15

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	111/-
	4-4-
Reg. Dist.	No.

1. PLACE OF DEATH: County Ore - 19.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbook infants give residence of mother)
City or town (16 of teide city or town limits, write RURAL and give nearest town)	State Urguna County
How long in above prace of death?	City or town
Hospital, Institution, or street addition where death occupied:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME NETTIE ORA MOR	R15 · 3. (b) Social Security Number
4. Sex 5. Color or pace 5. (a) Single, married, widowed, or divorced themselves white bidow.	MEDICAL CERTIFICATION 20. DATE DF DEATH. Delaker -27 1948 at 145 PM
8.(b) Name of husband or wife Eugene Morris	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Aus. 12 - 1878	and thet I last saw here on Ost. 27 19 48
8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birthplace Blue marle Co. Va. (Town, county, and state)	Due to.
10. Usual occupation	Due to
12. Name 9 and F Novrus. 13. Birthplace Va	Dither conditions
H 14. Maiden name. Mavel unknown.	(Include pregnancy within 3 months of death) Major findings of operations.
	Date of op.
16. Informant Connie Morris -	Antopsy results
17. Removal Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Preddy Funeral Home	Where did injury occur?
Location Charlottesville, Va.	Injured at home, farm, industry, public place (where?)
18. Funeral director Lilly and Zeiler, Inc.	Meens of Injury Injured at work?
Address 403 S. Wolfe, St. Balto. 31; Md.	23. SIGNATURE FOCUS M. Pollen M. Bl.
19. Ostolew 28 48 a.w. taskers	paravo Pt. Med. Bate signal 0/27/18

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles S	t., Baltimore
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			44
Reg.	Diat.	No.	

	N. Charles St., Baltimore 92
CERTIF	FICATE OF DEATH Reg. Diat. No. 44
1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For me whorn infanta give reaidence of mother)
County Baltimore	A. A. Co.
Cily or lown	State Maryland County
How long in above place of death? 59 Days	City or town Orchard Beach (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street addrees where death occurred:	Street No. West, End Drive
Vets. Adm. Hospital, Ft. Howard, Maryl	And (If rural, give LOCATION)
How long in hospitat or institution? 59 Days	2.(a) It veleran name war WW-I
3. (a) FULL NAME	3. (b) Social Security Number
CHARLES E. MYERS	Unknown
4. Sex 5. Color er race 6.(a)Single, married, widowed, or divorc	MEDICAL CERTIFICATION
Male White Married	20, DATE DF DEATH, October 16, 1948 10:30
8.(b) Name of Warran wife Bessie Myers	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth date of 50.000 tt alive, give age 51.	August 18, 19 48 10 October 16, 194
7. Birth date of deceaeed (mo., day, yr.) 7-9-93	
8. AGE: Yeare Months Days If less than one day	Ulcerative bacterial endocarditis
55 3 7hre	
	OI WITH GLIC AND
9. Birthplace Baltimore County, Md. (Town, county, and atate)	Due to Unknown
10. Veual occupation Grocery Clerk	
11. Industry or business	Due to
E 12 Name Andrew P. Myers	
13. Birthplace Baltimore County, Md.	
	(Include pregnancy within 3 months of death)
14. Malden name Margaret Harris	Major fiadiags of operations.
E 15. Birthplace Baltimore County, Md.	Date of on
16 Informant Clinical Records, Vets. Adm. H	losp. Aatopsy results Substantiated above.
Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. Burial (Burial, cremation, or removal. Which?) Bate thereot (month) (day) ((year) Accident, eulcide, or homicide
Cemetery or crematory Louden Park Cemetery	
Baltimore. Md.	Injured at home, larm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Wm. J. Tickner & Sons	meane or injury injured at work?
Address Baltimore, Maryland	23. SIGNATURE Paul W. Roman
10/18 48 HAD Hede	PAUL W. ROMAN, M.D. M.D. or other
19. (Date rec'ulty registrar)	Registrar Address VAH . ET . HOWARD . MD Date signed 10-16

Registrar Address VAH FT HOWARD, MD. Date signed 10-16-48

PLEASE WRITE

SA

CERTIFICATE OF DEATH

Reg. Dist. No. 33

	Reg. Diat. No.
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Glyndon (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Died in car	State Maryland county Beltimore City or town (If outside city or town limits, write RURAL and give nearest town)
Hospitai, Institution, or street address where death occurred: Butler Rd Glyndon Md	Street No. 31 Chatsworth Avenue (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war NO
3.(a) FULL NAME Leonard Naylor	3. (b) Social Security Number 216-05-7091
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced W	MEDICAL CERTIFICATION 20. DATE OF DEATH 8 27 230 A
6.(b) Name of husband or wife Marjorie Buell 6.(c) If alive, give age 52 year	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above at a text at the deceased from 18.45 to 2.45 to
deceased (mo., day, yr.) October 8 1892	Immediais cause of death DURATION Corousty artery Disease 1 yr
9. Birthplace Butler Balto Co Md (Town, county, and state) Carpenter	Due to. Due to.
11. Industry or business	
E 12. Hame U Grant Naylor 13. Birthplace Butler Md	Differ conditions Epilepsy 1 yr.
E 14. Maiden name Lydia Combs	(Include pregnancy within 3 months of death) Major findings of operations.
¥ 15. Birthplace Unknown 16. Informant Mrs Leonard Naylor	Autopsy results. PHYSICIAN: Please underline the eause to which death should be charged statistically.
Address 31 Chatsworth Ave Reistersto 17. Burial Date thereof Oct 30 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Druid Ridge Cemetery	
Location Pikesville Md	Injured at home, farm, industry, public place (where?)
18. Funeral director. Vom Berryman & Sons	Means of injury Injured at work?
Address Reisterstown Md	23. SIGNATURE D. D. Caples, M. D. Exam
19. 10 - 29-19 48 Mary B. L. Like (Date rec'd by registrar) Registra	Address Reinsturstauro Md Date aigned 10-28-48

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. JARGIN RESERVED FOR BINDING

VS A15 9.4

WRITE

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10233

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County
City or town. Baltimore City (If outside city or town limits, write RURAL and give nearest town)
Street No. 2503 Washington Blvd. (If rural, give LOCATION)

	institution?Oyrs	14 days
3. (a) FULL NAME		

1. PLACE OF DEATH:

Baltimore

How long in above place of death? 0 yrs., 3 mos., 14 days. Hospital, Institution, or street address where death occurred: Mt. Wilson

Branch, Md.T.B.Sanatorium

William Franklin Neveker

3. (b) Social Security Number # Unknown Unknown

Reg. Diat. No. 32.

4. Sex	5. 0	lotor or race	6.(a)Single	, married, widowed, or divorced		
Male		White	Divorced			
6.(b) Name of husb	and or Wi	Anna		ker) If alive, give age42years		
7. Birth date of deceased (mo., d	ay, yr.)	Februa				
8. AGE: Y	ears	Months	Days	it less than one day		
5	2	8	2	hrs min.		
9. BirthplaceE	alt	imore,	Maryl county, and s	and tate)		
1D. Usual occupali	on	Pipe I	itter	's Helper		
11. Industry or bus	ness					
12. NameV		iam Nev known	reker.			
-			naway	7		
-		Kent Co				
16. Informant W	ill	iam F.	Nevek	er, Jr.		
Address 250	3 W	ashingi	ton Bl	.vd., Balto., Md.		
17Bu	ria	emoval, Which?)	Date there	of Oct. 5, 1948.		
Cemetery or cre	natory	Mt.	Olivei	t Cemetery		
Location20	30	Freder	ick A	re.,Balto.,Md.		
18. Funeral directo	J.C	hn F.	Denny	Inc.		
		ht. St.	_			

a) Single, married, widowed, or divorced Divorced	MEDICAL CERTIFICATION 20. DATE OF DEATHOctober	12.25 ^A .
eveker	21. I CERTIFY that death occurred on the date above stated: that i attended decean June 21, 19, 48, to Oct. 5, and that I last saw h. I.M. alive on October 5, Immediate cause of death.	19.48
ays it less than one dayhrsmin.	Pulmonary Tuberculosis	2 yrs. 4 mos.
ryland , and state) ter's Helper	Due to. Tubercle Bacilli Due to.	***************************************
er	Diher conditions Tuberculous left elbow joint. (Include pregnancy within 3 months of death)	
way Maryland	Major findings of operations. No operation	
veker, Jr. Blvd., Balto., Md. ste thereof Oct. 5, 1948 (month) (disy) (year) vet Cemetery Ave., Balto., Md. nny, Inc. lto., Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged at 22. VIOLENCE: it death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)



†

WRITE

PLEASE

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10234 35

/				Reg. Diat. No.
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md.
(If How long in above place	e of death?	imits, write	RURAL and give nearest town)	State
How long in hospital c		son Ave	Hood Nursing	Home (If rural, give LOCATION)
3. (a) FULL NAM				
3. (a) FULL NAM	LE CONTRACTOR OF THE CONTRACTO		JOHN NELSON	3. (b) Social Security Number 215-18-6488 A
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION
male	white		widow	20. DATE DF DEATH
e (h) Nama of hunband	or wife Annie	e Dale	Norris	21. I CERTIFY that death occurred on the date above atated; that Lattended precased from
7. Birth date of	•••••	6.	(c) If alive, give age	years and that (Jest saw hour alive on CT 15 4
deceased (mo., day,		ept. 8		Immediate cause of death
8. AGE: Year	s Months	Days 9	It less than one dayhrs.	min. Suluse
10. Usual occupation.	Retired ss Federal George Nor	Bank (Reservis	Clerk	Due to Du
13. Birthplace				Solulity
14. Maiden name	Caroline	e Wort	1	(Include pregnancy within 3 months death)
14. Maiden name 15. Birthplace	Balt	o. Co.		Major fiedings of operations
	r. G. Ells		Norris r Rd.	Actorsy results
17. Buris (Burial, cremation	n, or removel. Which?	Date the	reof. 10/20/48 (month) (day) (year	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location	Balto.,	Md.		Injured at home, farm, Industry, public place (where?)
	WM. J. Balto.,		R & SONS	Msans of Injury Injured at work?
19. (Date rec'd by r	19 19 4 egistrar)		a. W. Hele	23. SIGNATURE M. D. or other signed Address Order Date signed Address

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and PLEASE WRITE PLAINLY,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	W.	1	0	
-	15	mil	CX	
	1	0	4	

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) (OF DECEASED:
	timore			StateMd	
City or town	Parkville	imita write H	URAL and give nearest town)	Parkville	DUBLY
				Cily or town	ta, write RURAL and give nearest town)
	r street address where		4:	Street No. 7913 Ardmore Av	8
				Street No. (If rural, giv	e LOCATION)
	or Institution?			2.(a) If veteran, name war	
3. (a) FULL NAM	and the same of th		The same statement of		3. (b) Social Security Number
		CAROLT	NE E. OELMANN		
4, Sex	5. Ceier er race		e, married, widowed, or divorced	MEDICAL C	CERTIFICATION
	700 - 2 4 -	20			
Female	White		arried		r 1,1948 19
6.(b) Name of husband	or wife Rudo	lph A.		21. I CERTIFY that death occurred on the dale at	
			c) If alive, give ageyears	HV9V3F 17 19	48, to Sept. 74.1848
7. Birlh date of		Dec.24		and that I last saw h. C. Calive on	20pt 79 1948
deceased (mo., day.		Days	litiess than one day	Immediata conte fi death	DURATION DURATION
o. Ade.	8 9	7		I Tuunquic	No for the second
			hrsmin.	with ca	rual en
9. Birthplace	altimore,	Nd	ntate)	Duologrammert, lef	erue grunne
	Housewif	eounty, and	atate)	assay, and	HNOWING A
10. Usual occupation	11			Due to Hupliteusus	EL EMERIE, GENE
11. Industry or busine	SE			1 Deveralized	Streenwachering
12. Name	John Lachm	an		Dither conditions	
13. Birthplace	Germ	any			
	Carolin	e S. L	achman	(Include pregnancy within 3	months of death)
14. Maiden name				Major findings of operations	
			ore,Md.		Date of op
18. Informant F	audolph A.O	elmann		Autopsy results	
Address	913 Ardmo	re Ave	Parkville	PHYSICIAN: Please underline the cause to	which death should be charged statistically.
	7		30/1/10	22, VIOLENCE: If death was due to external co	
(Burial, crematio	n, or removal, Which!	. Date ther	reof 10/4/48 (month) (day) (year)	Accident, suicide, or homicide,	Date of
Complete or crama	Park	wood		Where did injury occur?(City or town)	(County) (State)
				Injured at home, farm, industry, public place (
				Means of injury	Jajured at work?
18. Funeral director	William	Cook,	Inc.	meete of milet	1/1: , 25
Address	1217 St	. Faul	St.	Tabert K.	7 Killiams MA
Mala	In	114	4 19	23. SIGNATURE.	O C. IM. Dy Arbitish
19. (Date rec'd by r	19 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	U) COCC . Registrar	Address 5 515 Laylor	Pore, Bally Dy arbitrary

REPORT FOR THE PROPERTY.

AST. THE MANNEY

OCT 'A 1948
BUREAU Y. S.

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The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No	
1. PLACE OF DEATHS altrinois - 19.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	Stafe County County Coll County Count	100000000000000000000000000000000000000
How long in above place of death?	City or lown	wn) Rd
How long in hospital or institution?	2.(a) If veteran, name war	
John Michael . Par	3. (b) Social Security Number 216-09-7	738
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male. white married.	MEDICAL CERTIFICATION 2D. DATE OF DEATH OCY. 15. 1948 at	
B.(b) Name othusband or with Catherine Frances.	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased fro	19.4/8
7. Birth date of deceased (mo., day, yr.) Uhe 6 - 188	and fhet I last saw h. 124 alive on	DURATION DURATION
8. AGE: Years Months Days If less than one day 4 9	Myocuparal 4	days
9. Birthpiace Dalting Of Own, county, and state)	nutral Stenase. 6	year
11. Industry or business Truey foat.	Due to	Z
12. Name osefwe givease 13. Birthplace ocaud	Other conditions	
14. Malden name Marcianna: 15. Birthslace Galand	Major findings of operations	000000000000000000000000000000000000000
16. Informant Cutherine Bawlak	Autopsy results	ically.
Address 17. BURIA Date thereof OCT 19 1948. (Burial, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
(Buriál, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory	Where did injury occur?	te)
Location GERMAN HILL RD. 18 Funeral director THE DIPPER BROTHERS	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	0.0
18. Funeral director. L. H. E. L. M. B. A. Q.D. ST. Address 1800 F LOMBA QD. ST.	23. SIGNATURE LOUIS M. Tallie).	U.al
19. (Date rec'd by registrar) 19. XP Charles Registrar	Address Sparrows 04. md Date signed	5/187

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

M

VS A15

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) (For pewhorn infants give residence o	OF DECEASED: f mother)	
City or lown(If out: How long in above place of Hospital, institution, or sti Vets. Adm	Fort How side eity or town linde ath? 2 Da reet address where to Hospita	ys. death occurred	URAL and give nearest town) :	2567 Fundanials	its, write RURAL and give ne	nearest town)
3. (a) FULL NAME	GE W. PEA	COCK			3. (b) Social Security 218-09-769	
4. Sex	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION	19:30
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years	9-29 Months	1e	2) II alive, give ageye 9 3 If less than one day hrs	21. I CERTIFY that death occurred on the date a October 15 19 and that I last saw h im alive on October 15 and that I last saw h im alive on October 15 art ERIOSCLEROTIC HEAF	48 %October ber 11	17 19 19 19 4 1 DURATIO
9. Birthplace	altimore, (Town,	Md. county, and s		Due to		
	Amanda G	earhar	t	(Include pregnancy within 8		
Address Fort 17 (Burtal, cremation, or Cemetery or crematory)	Cal Recor Howard, M removal Which?)	ds, Vet larylan	s. Adml Hosp. d (monyh) (day) (year)	Autopsy results No. no PHYSICIAN: Please underline the cause to a	which death should be charged auses, fill in the following;	statistically.

certificate.

TION is very important. See instructions on back of

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLA	CE OF DE	EATH	1 1017 (1)		49a . 35
Cou	ntyB	altimore			Registration Dist. No.
		Anneslie			No. 708 Murdock Rd. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Leng	th of residence i				ds. How long in U.S. if of foreign birth?yrsmosds.
2. FUL	L NAME.		JANE PER		Rest Oil
` '	Residence: No		Hanover S (Usualplace	of abode)	St., Ward. If nonresident give city or town and State
		AND STATIST	1		MEDICAL CERTIFICATE OF DEATH
s.sex female	e W	hite	OR DIVORCE	RIED, WIDOWED, D (write the word) LTTLED	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marrie HUSBA (or) W	ed, widowed, or ANO of IFE of	Sydney Jan	mes Perry		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF	BIRTH (month	, day, and year)	Sept. 4.	1888	liast saw h exelive on 2 Och 19 4 Geath is said
7. AGE	Years	Months	Oays	tf LESS than	to have occurred on the date stated above, at
	60	0	29	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
9. Indi		one, as SPINNER, KEEPER, etc. H ss in which as SILK MILL.	ousewife	*	Carcinoma of Ortany 1944
10. Oats	e deceased last this occupation year)	worked at	spe	ime (years) nt In this upation	
	LACE (city or to	wn) England			Other Contributory Causes of Importance:
13. NAN	ме Јо	siah Swift			
	THPLACE (city (01 1011/	gland		Name of operation toportonis Dete of 19 4 le What test confirmed diagnosis Patheluspial Was there an au'opsy? Ha
15. MAI	IDEN NAME	Anne Prit	chard		23. If death was due to external causes (VIOL ENCE) fill in elso the following:
	THPLACE (city (or town)Eng	land		Accident, sulcide, or homicide?
17. INFORM	ANT Mr. dress) 372	Sydney J. 1 Hanover	Perry St., Balt	o. 25, Md.	(Specify city or town, county end State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	CREMATION, C				Manner of Injury
19. UNOERT	non-	M. J. TICK		is ,	24. Wes disease or injury In any wey related to occupation of deceased? 24.
20. FILEO	10/4	, 19 48	YW J	Registrar.	(Signed) le Malla N. Miles M. D. (Address) 670/ York Rd Balts 12 mg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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MARYLAND STATE DEPARTMENT OF HEALTH

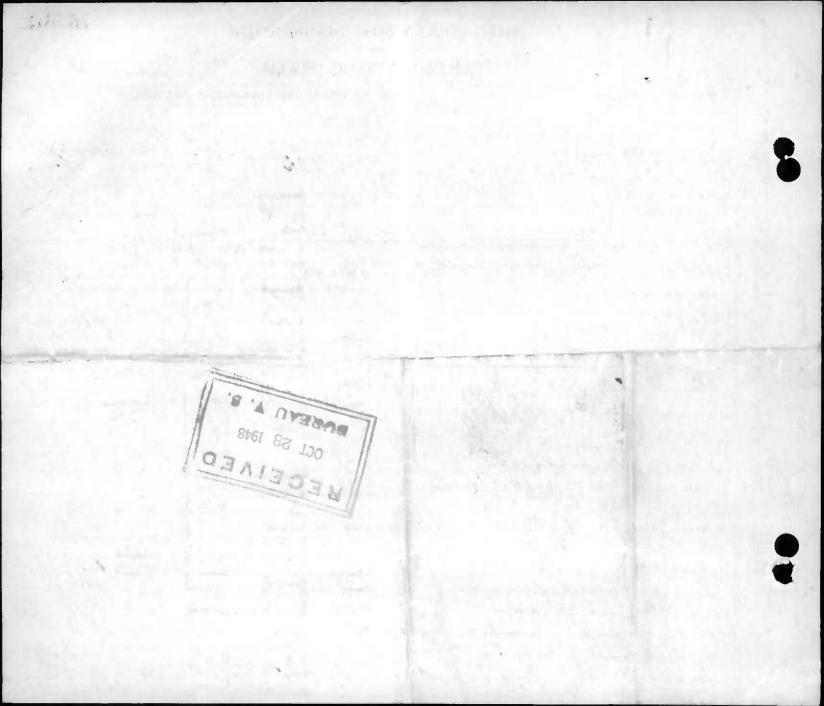
2411 N. Charles St., Battimore

CERTIFICA	TE OF DEATH Reg. Dist. No. 44
1. PLACE OF DEATH: County County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital justification or street address where death occurred	2. USUAI. PESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Richard Jerom	e Petr, 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced Small Single.	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 24 - 1928	and that t fast saw h
8. AGE: Years Months Days tf less than one dayhrsmin.	Immedia is a sure of death Sura I Dura I Dur
9. Birthplace	Due to Sultant Inguisa-
11. Industry or business	Due to
12. Name Cherkosloska	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Barbara Vachal 15. Birthplace Balto.	Major fiedings of operations
16. Interment Saish Petr.	Autopsy results
Address 905 g. maderia &r.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external sauses, fill in the following:
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. 14 Redeemed (month) (day) (year)	Where did injury octury (City or town)
18. Funeral director. Frank Cynch & Comment	Injured at home, farm, Industry, public place (where?)
Address Gahland & Cherta Sto.	23. SIGNATURE Mean Superior Su
19. (Dute rec'd by registrar)	Addres D. A. A. Col. A. Deto sighed A. J. J. A.

VITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and FOR BINDING MARGIN RESERVED PLEASE WRITE PLAINLY, is especially

correct age

A15 AS



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1	0	2	40	

Reg. Dist. No.

1. FLACE OF DEATH:	2. USUAL RESIDENCE (FIOME.) OF DECEASED: (For newborn infants give residence of mother)
County Salta	
City or town Cost Jace	State Md. County Ballo.
(If outside city or town limits, write RURAL and give nearest town)	6 Caste
How long in above place of death?	(If outside city of own limits, write RURAL end give nearest town)
Harried Institution or street midrage wherestdeeth accurred.	
4/2 Woodbine Cert.	Street No. 412 Woodburge Corc.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
100 - 10 1 - + TV	
	hillips 13-10-4372
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male shlute married	00/.
more more marie	20. DATE OF DEATH 30 19.48 at 1.2.20 A
C+t. O Pl. OD;	
6.(b) Name of husband or yife. Cellet million	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
nee Holl 8.(c) If alive, give age 4.3 years	Saptember 1948, 10 Oct 30 1948
7 Digit data of	and that Plast saw h
deceased (mo., day, yr.) 40.13-1893	
8. AGE: Years Months Days If less than one day	Immediate cause of death
	Keepwatory Tailure 12 hr
55 8 17hrsmin.	
2 4.	
9. Birtholace Baltimore md.	Due to Ween a 120
(Town, county, and state)	
10. Usual occupation mechanic	C 4 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Due to Que to A L
11. industry or business Balts. Chevrolet Plant	unth me tratages
12. Name George Phillips	
12. Name Glerge hellifs 13. Birthplace Germany	Dther conditions
13. Birthpiace Elemany	
5 2 - k3	(Include pregnancy within 8 months of death)
= 14. Maiden name	Major findings el operationa Inoperable Carenge
14. Maiden name Zankry 15. Birthplace Germany	
0 1 1 101.10.	Cladder Date of op. 7/16/48
18. informant mus. Eethel Phillips	Autopsy results
	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address 412 stoodbene Come.	
17 Burial Date thereof 11/2/48	22. VIOLENCE: ff death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Cab d = -)	
Cemetery or cramatory	Where did injury occur?
location Coastern are. Alvd.	
Location Coccurs Coccurs	Injured at home, farm, Industry, public place (where?)
thin & bonnelly	Maans of Injury Injured at work?
18. Funeral director	0 10
Address 418 6 asternolon. Copex mal'	4 sent 1/2 0. 2.
11100 01111 111	23. SIGNATURE TOTAL SCIENCE TO
11/1/48 Hour M. Comelly	M. D. or other
19. (Dyle registry)	Address 422 Cathern Care signed 11, 148

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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NOV 1 1948

10241

MARYLAND STATE DEPARTMENT OF HEALTH

90	2411 N. Charl	les St., Baltimore
correct.	CERTIFICAT	TE OF DEATH Roy, Dist. No. 30
carefully. The	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new Dorn Infant, give residence of mother) Slate
		EP 3. (b) Social Security Number
ARGIN RESERVED FOR BINDING FADING INK. Supply every item of Physicians: please write the causes	8. (b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. L'CERTIFY that death occurred on the date above stated: that Lattenged deceased from 12. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from 19. In the last saw has alive on the date above stated: that Lattenged deceased from the date above stated: the lattenged deceased from the date above stated: the lattenged deceased from the date above stated: that Lattenged deceased from the date above stated: the lattenged deceased from the date above stated: the lattenged deceased from the date above stated: the date above stated: the lattenged deceased from the date above stated: the date above stated from the date above stated from the date above stated from the date abov
E WRITE PLAINLY, WITH UNI	16. Informati Address / Y Security 17. Burial Dale thereof Oex // /948 18. Funepil director Address / A	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: it death was due to externat causes, till in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Means of injury

Q w. Helliob Registrer Address.

19. Oct 11 (Date rec'd by registrar)

WRITE

PLEASE

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2 HISHAL RESIDENCE (HOME) OF DECEASED

VAH. Fort Howard, Md.

Reg. Dist. No.

44

Date signed 10-3-48

County Baltimore	(For rewhorn infants give residence of mother)		
Fort Howard	Slate Maryland County		
City or town	Ral timore		
How long in above piece of death? 4 Days	(If outside city or town limits, write RURAL and give nearest town)		
Hospilat, Institution, or street address where death occurred:	Street No. 8 N. Bruce Street		
Vets. Adm. Hospital, Fort Howard, Maryland	(If rurai, give LOCATION)		
How long to hospitat or institution?	2.(a) it veteran, name war. SAW		
3. (a) FULL NAME	3. (b) Social Security Number		
LOUIS J. POLLOCK	Unknown		
4. Sex 5. Color er recs 6.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Widower			
	20. DATE DE DEATH October 8, 1948 ,217:45 A		
8.(b) Nams of husband or wife Widower	21. I CERTIFY that death occurred on the date above stated; thet t attended discessed from		
7. Birth dats of No. 1970	October 4, 1948 10 October 8, 1948		
1. Birth dats of deceased (mo., day, yr.) March 1873	and that I last saw h im alive on October 8, 1948		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
20' 2	DILATATION OF RIGHT SIDE OF HEART Anknown		
9. Birthplece Ellicott City, Md. (Town, county, and state)	Due lo		
10. Usuet occupation	Ous to.		
†1. Industry or business			
E 12 Name Louis J. Pollock	Other conditions Hypertrophy of Prostate Unknown		
12 Name Louis J. Pollock 13. Birthplace Maryland	Direct Conditions		
	(Include pregnancy within 3 months of death)		
E 14. Maiden name IRAN & GAT WHET	Major fiediogs af operatinas.		
14. Malden name Laura Gardner 15. Birthplace Maryland	Date of op.		
18. Informant Clinical Records Vets Adm Hospital			
- 1 11 1 12 1	PHYSICIAN: Please underline the cause to which death should be charged statistically,		
	22. VIOLENCE: If death was due to externel causes, till in this following;		
Burial (Burial, cremation, or removal, Which?) Bate therest. 11, 19 48 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Baltimore National Cometery			
	Whers did injury occur?		
Location Baltimore, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Charles R. Lew	Meens of Injury Injured at work?		
Address 802 Madison Ave., Baltimore, Md.	San MAGE		
10/9 up Del Jel Vel	23. SIGNATURE Stanley (Williach M. D. or other		

Registrar Address ..

2. USUAL RESIDENCE OF DECEASED:

..... (b) County.....

(c) City or town Marbury
(If outside city or town limits, write RURAL and give town)

(a) State Md.

23. Signature,

Charles

1. PLACE OF DEATH: (

(it) Datemore on	, iviaiyiaila			
(b) Street address(c) Hospital or in		Catons	ville N	ld.
Spring (Grove Hos	pital		•=•
(d) Length of stay	in hospital o	inst. (yrs., mo	s., or days	Yr.8
(e) Length of stay	in Baltimore	(yrs., nios., or	days) l Yr.	. 8 Mo
3 (a) FULL NAME	NOBLE	POS	SEY	
3 (b) If veteran, no	ame war	3 (c) Soc	cial Security A	Account
Unknown		No. Ur	nknown	
100	Color or race white	6 (a) Single, a divorced.	married, wide narried	wed, or
6 (b) Name of hu	sband or wife	Unknown		
		6 (c) If alive,		
7. Birth date of de	ceased (mo.,	day, yr.) ?	? 1884	1
8. AGE: Years	Months I	Days If 1	ess than one	day
64	?	?	hr	min.
9. Birthplace	Maryland	(Town, county, a	nd state)	
10. Usual Occupat		rmer	***************************************	
11. Industry or bu	siness	arm		
12. Name U	akn o wn	osey		
13. Birthplace	Unknown			
14. Maiden Na	me Unknow	m		
15. Birthplace	Unkı	nown		
16 (a) Informant.	S	ring Grov	re State	Hosp.
(b) Address		Record	is	
17 (a) Burial (Burial, creme	ation, or remova	(b)Date thereo	of 11/2/48 (month) (day) (year)
(c) Cemetery	or crematory	Family Co	metery	•••••
Location No.	ear Walde	orf Md.		
18 (a) Funeral dir	ector Hu	nlt 4	Kyon	·
(b) Address	Waldorf	Md.		
19 (a)		until to	Milians	A,M.M
VS 151	340	. 8	. di 181	F4 10

(a) Citizen of foreign ccuntry?(Yes or No)
if yes, name country.
MEDICAL CERTIFICATION
20. DATE OF DEATH October 29, 19.48, at 2.35pm
21. I certify that I took charge of the remains described above, held as
Autopsy thereon and from the evidence obtained
by said Autopsy, Inspection or Inquiry, find that said deceased came
to his death on the day stated above, and death in my
opinion resulted from; natural causes K, accident [], suicide []
homicide [], undetermined [] and that the causes of death were
Due to
Other Conditions
(Include pregnancy within 3 months of death)
22. If an external cause was primary or contributing cause o death, fill in the following:
(a) Date of injury
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public
place?While at work?
(d) Means of injury

Date signed October 30, 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

940

Reg. Dist. No.

1. PLACE OF DEATH: 70 0 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For revision infants give residence of mother)
County /242/6	mid Boots
City or town	
How long in above place of death?	(if outside city or town limits, write BURAL and give nearest town)
Hospital, Institution, or street addrees where death occurred	Street No. 3647 Hingling Rd.
3647 Hinreine Ka	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William E. Ras	213-10-7066
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH STE 9 12 1948 all a
6.(b) Name of husband or wife Many a. Rau	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from
/ 8	FAR: 10 48, 10 Cleforer 9 19 40
7. Birth date of	and that I last saw h. i. M. alive on October 9 18 48
deceased (mo., day, yr.) Q ACE, Yeare Months Daye It less than one day	Immediate cause of death
6. AUL.	A
38 4 29hre. min.	Henry Coronary Cellision 2/20
8. Birthplace /Salto MA	Due to
(Town, county, and etate)	Hypertruswe andio Vaserlia 109rl
10. Ueual occupation Sakes man	Due to.
11. Industry or business	1.21
12. Name Volume Comundad Raw 13. Birthplace Bulto. Md.	Other conditions Aug Henrif 1914
	(Include Gregnancy within 3 months of death)
14. Maiden name Amelia De Muth 15. Birthplace Balto. Md.	
15 Richaldes Balto Md.	Major fiadiogs of operations. Date of op.
GMM & Rey V7	Autopy results
16. Interment	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addrese 628 Washington ova	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, euicide, or homtcide
Loudon Park	Where did Injury occur?
Cemetery or cremetery. Range F. Mark	(City or town) (County) (State)
Location	
18. Funeral director. Nelliam Cok Sac.	Means of Injury Injured at work?
Address 1217 St. Paul St.	15 M Pass MA
al lua al wal e	23. SIGNATUNE M. D. or other
19. (Date ree'd by registrar) Registrar	Addrese 400/ Wullens WY Date eigned 10-11-4

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLEASE WRITE

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NFADING INK. Supply every item of information carefully nt. Physicians: please write the causes of death clearly and

important.

PLAINLY, V is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Diat. No. 37

1. PLACE OF DEATH! Coasts Market State Coasts		Reg. Diat. No.
Site. More town. Constitution for the state of the town limity, write RURAL and give nearest cown) Bree long in above place of dealth? 1. In substitution or river defense served dealth occupies. The model of the state of th		(For newborn infants give residence of mother)
Brev long in above place of death? A parallel of including or street detects where death occupy in the polity of street where death occupy in the polity of street where death occupy in the polity of the polity o	City or town Cockesserille med	State Machaeland. County
Hispatial, institution, or states address where death occurged: What sing in bogated or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Set S. Color or race S. (a) Single, promote, widowed, or discreted Head of white of or with full sine, give a get S. (a) Single, promote, widowed, or discreted Head of white of or with full sine, give a get S. (a) Single, promote, widowed, or discreted Head of white of or with full sine, give a get S. (a) Single, promote, widowed, or discreted Head of white of or with full sine, give a get S. (a) Single, promote, with sine of the shore stated; that I at seeded deceased from S. (b) Hame of head or with full sine, give a get S. (c) If a line, give a line, a line a line, a		City or town A Sulfance Surface BURAY and sign account town
(If rural, give LOCATION) (If rural, give LOCATION) 2 (a) If velorar, name war 3. (b) Social Security Number 3. (c) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MEDICAL CERTIFICATION 70. DATE OF DEATH. OLD 1. 19. 4. 3. 4. 4.5. a. 19.	Hospitat, Institution, or street address where death occurred:	Street to 2200 Olymper Com
3. (a) FULL NAME 4. See illy 5. Color or race 8. (a) Sanger, phined, widowed, or divorced Service White Wador 70. Date of Death December on the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of t	marine Home Cahiquelle ma	
4. Sex S. Coler or race S. C	How long in hospital or institution?	2.(a) tt veteran, name war
S.(c) Name of husband or wildful much. A. Rushling S.(c) Hame of husband or wildful much. A. Rushling S. S. (c) Hallen give age JE Birth fate of the care of months By Months Days Hiss has non edgy S. Birthplace. Adders of husband. S. Birthplace Differ conditions Diffe	3. (a) FULL NAME	3. (b) Social Security Number
S.(c) Name of husband or wildful much. A. Rushling S.(c) Hame of husband or wildful much. A. Rushling S. S. (c) Hallen give age JE Birth fate of the care of months By Months Days Hiss has non edgy S. Birthplace. Adders of husband. S. Birthplace Differ conditions Diffe	Lilly S. Rechling	
8. (b) Hame of husband or with full which a second on the date above stated; that I attended deceased from 19. 46 to Clearly 19. 46 to Cle	4. Sex 5. Color or race 6.(a)Single, Mirried, widowed, or divorced	MEDICAL CERTIFICATION
8. (c) If alive, give age years and that I last saw h 2 alive on Olf 19. H. M. Debrack on Olf 19	Fremule White Widon	20. DATE OF DEATH OCT: 14 19.48 21.4 20 M
1. Birth date of deceased (mo., day, yr.) March 17 18 and that I last saw a way alive on Old the deceased (mo., day, yr.) March 17 18 and that I last saw a way alive on Old the saw alive on Old the		
Second companies Second comp	7. Birth date of G	10.1
9. Birthplace		
9. Birthplace	o. Age.	Heart failure 10 days
Due 10. 11. Industry or business 12. Name	0/ 0/ 20 / 1	
12. Name Diher conditions 13. Birthplace 14. Maiden name Partina Assistance 15. Birthplace 16. Informan Assistance 17. Address Harman Assistance 18. Informan Assistance 19. C. P. Harman Assistance 19. Major findiogs of operations. 10. Major findiogs of operations. 11. Major findiogs of operations. 12. VIOLENCE: If death was due to external causes, fill in the following: 12. VIOLENCE: If death was due to external causes, fill in the following: 13. VIOLENCE: If death was due to external causes, fill in the following: 14. VIOLENCE: If death was due to external causes, fill in the following: 15. VIOLENCE: If death was due to external causes, fill in the following: 16. Informan page due to the cause to which death should be charged statistically. 17. VIOLENCE: If death was due	9. Birthplace(Town, county, and state)	Due to University of the many
12. Name Particles Particl	1D. Usual occupation	
(Include pregnancy within 3 months of death) 14. Maiden name 15. 8irthplace 16. Informant Accounts 17. Address House 18. Localion 19. Cometery or crematory 19. Localion 19. Loc	11. Industry or business	
(Include pregnancy within 3 months of death) 14. Maiden name 15. 8irthplace 16. Informant Accounts 17. Address House 18. Localion 19. Cometery or crematory 19. Localion 19. Loc	= 12. Name Chhricam Price	Dither conditions
15. Birthplace 16. Informant Annual Me Scheel Par C. P. Life Major findings of operations. 16. Informant Annual Me Scheel Par C. P. Life Major findings of operations. 17. Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director Mass and the control of the control		
16. Informant Address House in H	# 14. Maiden name Justina Buster	
Address H. Paul + Proton 15. Addres	15. Birthplace Ra	
Address House Name (Report of the cause of which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 17. (Burist, cremation, or removal, Which?) Cemetery or crematory. (month) (day) (year) Cemetery or crematory. (City or town) Localion 18. Funerat director. (City or town) Manna of Injury occur? (where?) Manna of Injury injured at work? 28. SIGNATURE Walter M. D. or other	18 Intermediation of De Solvender Brc. P. Lel	
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. (City or town) Localion. (County) Address St. Paul & Puston Address St. Paul & Puston Address St. Paul & Puston Mr. D. or other 18. (A - 3 - 19 4 8 - 19 4	04. 11 11 11 11 11	
Cemetery or crematory. How The County Paragrams for Where did injury occur? (City or town) (County) (State) Location Injured at home, farm, industry, public place (where?) Manna of injury Injured at work? Address St. Paul & Printer St. 28. SIGNATURE Walter To Keep M. D. or other 19. (1-3 1948 The School of the County) (State)	But al 10/- 11-49	22. VIOLENCE: If death was due to external causes, fill in the following;
Location 18. Funerat director Kra Cole Address St. Paul + Printer St. Address St. Paul + Printer St. 28. SIGNATURE Walter T Kees M. D. or other 19. (1-3 1948 2 Mth. Schweder Records Recorded Records Recorded Records Recorded Records	A A	
18. Funerat director Kra Cook Address St. Paul & Printer St. 28. SIGNATURE Walter T Kees M. D. or other 19. (1-3 1948 2 Mb Schweder B.	Cemetery or crematory. How Orman Pa	Where did injury occur? (City or town) (County) (State)
Address St. Paul + Priston St. 18. Funeral director Research St. Paul + Priston St. 19. 1- 3 1948 M. Schweder D. M. D. Grother	Localion	Injured at home, farm, industry, public place (where?)
Address St. Paul & Priston St. 18.4 - 3 1948 Like Schweder 27. SIGNATURE Walter T Kees M. D. Grother	18. Funeral director Kan Cook	Means of injury . Injured at work?
18.4/- 3 1848 Lith Schweder P	11 D 0 2 D 4 0+	28 SIGNATURE Walter T Kees M. D.
	19. // - 3 19. 48 J. Mb. Schureller (Date rec'd by registrar)	M. D. br other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Kett Disc (total) and an		
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County C O		
How long in above place of death? 50 days	City or town Baltimore, (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street Ho. 5718 Ritchie Highway		
Vets. Adm. Hosp. Fort Howard, Md.	(If rurat, give LOCATION)		
How tong in hospital or institution?50 days	2.(a) If veteran, name war. WW-2.		
3. (a) FULL NAME	3. (b) Social Security Number		
CHARLES EDWARD RICE	129-01-9407		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Negro Single	20. DATE DF DEATH October 30 19 48 ,at 6:50A M		
6.(b) Name of husband or wite Single	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(e) it alive, give ageyears	Sept. 10 19 48 10 Oct. 30 19 48 18		
7. Birth date of deceased (mo., day, yr.) May 5, 1907	and that I last saw h		
8. AGE: Years Months Days It less than one day	Immediate cause of death Pulmonary Tuberculosis 9 mos.		
41 5 25hrsmin.	7 10001		
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to		
1D. Usual occupation laborer	34. 31. 34. 31.		
	Due to		
11. Industry or business	2020		
12. Name Lewis Rice 13. Birthplace Baltimore, Maryland	Other conditions None		
	(Include pregnancy within 3 months of death)		
Halden name Liddie Benson	Major, findings of operations		
14 Malden name Liddie Benson 15 Birthplace Virginia 16 Veterant Clinical Records, Vets, Adm. Hosp.	Date of op		
16. Informant Clinical Records, Vets. Adm. Hosp.	Autopay results. NONE PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Fort Howard, Maryland			
17. Burial Date thereof (gonth) (dge) (year)	22. VIOLENCE: if death was due to externat causes, fill in the following; Accident suicide or homicide		
	Montabuli animal al management de la man		
Cemetery or crematory BALTIMORE NATIONAL CEMETERY	Where did injury occur? (City or town) (County) (State)		
Location BAITIMPRE MARYLAND	tnjured at home, farm, Industry, public place (where?)		
18 Funeral director Sharkes R. Jaw	Means of injury tnjured at work?		
Address 802 Madison Whenel	Alain lla		
11/2 48 Och Hadan	23. SIGNATURE V.F. SCUILLO, M.D. M.D. or other		
19	TO STATE THE TELEVISION OF THE STATE OF THE		

CERTIFICAT	TE OF DEATH 850 Reg. Dist. No. 37
1. PLACE OF DEATH: County City or lown City or lown immits, write RURAL and give nearest town) How long in above place of dealh? Hospital, instilution, or street address where death occurred: Masonic Homes - Cocitysville Md. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town TS altimacy County (If outside city or town limits, write RURAL and give nearest town) Street No. 20.0 West way St (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Edward Martin Rice	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male white married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH UCTO DEY 1948 31 5 00 N
B.(b) Name of Anaband or wife & STelle M. Rice 6.(c) If alive, give/age 6.7 years	21. I CERTIFY that death occurred on the date above stated: that I atlended deceased from September 1948 to Oct 11 1948
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h malive on 9 Oct ober 1848 Immediate cause of death OVRATION Cerebral Accident 7 days
9. Birthplace Baltimore Maryland (Town, county, and state)	Oue to Artario sclerosis Unknown
10. Usual occupation (x. xayisT — Photographer 11. Industry or busines Jahns Hopkins Hospital 12. Name Samuel Ednin Rice 13. Birthplace	Due to
2 13. Birthplace 14. Maiden name Omnie C Beathery 15. Birthplace Connection	(Include pregnancy within 3 months of death) Major fiediegs of operations.
15. Birthplace ConnecticuT 16. Informant Agura M. Schrweder per C.P. Jiptan	Actopsy resolts.
Address Masonic Homes Cockeypule Md 17. Burial (Burial, cremation, or removal, Which?) Date thereof. October 13 1948. (month) (day) (year)	PHYSICIAN: Please coderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or crematory green mount Cemetry	Whera did Injury occur?
Location Balt, more ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director WM Cook Address St Paul + Priston Stro.	Means of Injury Injured at work?
19. October 11 19 1948 Raura M. Schroeder (Date rec'd by registrar) Rev. C. R. Jubton Registrar	23. SIGNATURE walker T. Kees M.D. M. D. or other Address Cackeys ville, had. Date signed 10-11-48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No.

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CERTIFICATE OF DEATH

1. PLACE OF					2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)	
County Baltimore				***************************************	Slate Haryland County Cuts	
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)				URAL and give nearest town)		**** *** ******** ***
How long in above	place of d	eath? 11	o days	***************************************	City or town Parkville (If outside city or town limits, write RURAL and give near	eat town)
Hospital, Instituti	on, or stre	et address where	death occurred	:	Street No. 780 Clarksworth Place	
			-	yland	(If rural, give LOCATION)	
How long in hosp	ital or tost	itulion? 11	o days		2.(a) If veteran, name war	
3. (a) FULL 1	NAME				3. (b) Social Security N	umber
ALONZ	OT.	ROBINS			216-03-1996	5
4 Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married			Ma	urried	20. DATE OF DEATHOctober 22	at 12:15P
c (h) Nama of hu	aband as w	Mrs. M	ARGARRI	ROBINS	21. I CERTIFY that death occurred on the date above stated; that I attended deceas	
6.(0) Name of na	Spalle of W	116.7179-17-4	and the and the state of	EO.	July 5 1848 10 October 2	21948
7. Birth date of) If alive, give age50years	and that I last saw himalive onOctober 22	
deceased (mo.	, day, yr.)	May 10,	1892		Immediate cause of death	OURATION
8. AGE:	Years	Months	Oays	if less than one day	ARTERIOSCIEROTIC HEART DISEASE	.6 mo.
	56	5	12			nlus
0 Richniace	Virgi	inia		tate)	XXX PIEURAL EFFUSION, RIGHT;	
					CORONARY ARTERIOSCIEROSIS	***************************************
10. Usual occupa	allonC.	abinet Wo	orker	,	Due to	
11 Industry or b	usiness				955 10	
12 Name	Edwin	Robins			Other conditions	
12. Name						
					(Include pregnancy within 3 months of death)	
E 14. Maiden	name Lak	ma redd	******		Major findings of operations	40 41 11 0 101 010000000
14. Maiden 15. Birthplac	e Vi	irginia				
16. Informant. C	linio	al Recor	ds. Ve	t. Adm. Hosp.	Autopsy results None	
		loward,			PHYSICIAN: Please underline the cause to which death should be charged sto	atistically.
					22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial (Burial, eremation, or removal. Which?) Oate thereof. Oat. (month) (day) (year)				(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Parkwood Cemetery.			Cemete	ry	Where did Injury occur?	(State)
Location	E	Baltimore	Mary	land	Injured at home, farm, industry, public place (where?)	
18 Funeral director Ullrich Funeral Home				14	Meens of injury Injured at work?	
Address 2008 Orleans Street, Balto, Md.				reet, Balto/.Md.	BRA. OR Dreams	
101	120	1110	. /	274 061	A. B. FRENCH, M.D. M. D. or	other
19	by regis r			Registrar	Address VAH. Fort Howard Md. Date signed	10-22-48.

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

10249

M. D. or other

Reg. Dist. No. 30

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MA	UNFADING INK. Supply every item of information carrant. Physicians: please write the causes of death clearly
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County Oella City or town Oella City or town Oella City or town Oella City or town Ilmits, write RURAL and give nearest town) Now long in above place of death? Now long in hospital or institution? Now long in hospital or institution	CERTIFICAT	TE OF DEATH
4. Sex M Widower 6. (a) Single, married, widowed, or divorced Widower 6. (b) Name of husband or wife Cornelia W Robinson 8. (c) If allve, give age years 1. Birlh date of deceased (mo., day, yr.) 8. AGE: Years Months 69 6 21 hrs. min. 9. Birthplace Retared 10. Usual occupation Retared 11. Industry or business Baltimore Transit 12. Name Thomas Robinson 13. Birthplace Idd	Oella (If outside city or town limits, write RURAL and give nearest town) over place of death?	2. USUAL RESIDENCE (For newborn infants State
M Widower 6.(b) Name of husband or wife Cornelia W Robinson 7. Birth date of deceased (mo., day, yr.) March 10 1879 8. AGE: Years Months Days If less than one day 69 6 21 hrs. min. 9. Birthplace Raltimore Co. Ma (Town, county, and state) 10. Usual occupation Retared 11. Industry or business Baltimore Transit 12. Name Thomas Robinson 13. Birthplace Md	James T Robinson	
7. Birth date of deceased (mo., day, yr.) March 10 1879 8. AGE: Years Months Days If less than one day 69 6 21 hrs. min. 9. Birthplace Raltimore Co. Ma (Town, county, and state) 10. Usual occupation Retared 11. Industry or business Ealtimore Transit 12. Name Thomas Robinson 13. Birthplace March 10 1879 Due to Due to Differ conditions Differ conditions		20. DATE OF DEATH
8. AGE: Years Months Days If less than one day 69 6 21 hrs. min. 9. Birthplace Raltimore Co. Ma (Town, county, and state) 10. Usual occupation Retared 11. Industry or business Ealtimore Transit 12. Name Thomas Robinson 13. Birthplace Md		21, I CERTIFY that death occur and that I last saw h
(Town, county, and state) 10. Usual occupation Retared 11. Industry or business Baltimore Transit 12. Name Thomas Robinson 13. Birthplace Md	Years Months Days If less than one day	Immediate cause of death
S 15. Birthplace Md	(Town, county, and state) Retared repation Retared repusiness Baltimore Transit Thomas Robinson place Md en name Martha Wheatley place Md	Due to
16. Informant Andrew James Robinson Address Oella Md Rurial Physician: Phys	Andrew James Robinson Oella Md	Antopsy results PHYSICIAN: Please underlie 22. VIOLENCE: If death was Accident, suicide, or homicide.
Cemelery or crematory. Moreland Memorial Baltimore Md Injury occur? Uniqued at homo, farm, Industrial	r crematory. Moreland Memorial Baltimore Md	Where did injury occur? Injured at homo, farm, industr
18. Funeral director. F. C. Higinbothom Address Ellicott. City Md 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Ellicott City Md	SIGNATURE.

State Maryland	County Haltimore
City or town Oella (If outside city or to	wn limits, write RURAL and give nearest town)
Street No. Hollow Road	
(If ru	ral, give LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
	213-10-0431 A
MEDIC	AL CERTIFICATION
20. DATE OF DEATH	+1, 10 49 10P
21. I CERTIFY that death occurred on the	dale above stated; that I attended deceased from
	19
and that I last saw halive on	19
Immediate cause of death	DURATION
	and the same of th
fleule Ca	elese Failer
Oue to	<i>U</i>
P	
Juo 10 Card	es vascular disease

Other conditions	
(Include pregnancy v	vithin 3 months of death)
Major findings of operations	
Autopsy results	se to which death should he charged statistically.
22. VIOLENCE: If death was due to ex-	ternal causes, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City o	r town) (County) (State)
njured at homo, farm, Industry, public	
Means of Injury	Injured at work?
60	Ver I'lle

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10250

CERTIFICATE OF DEATH

Dist No. 44

OBKIII ICAI	Reg. Dist. No.
1. PLACE OF DEATHS County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or steph address where death occurred: Moreover County Count	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
George F. Rose	3. (b) Social Security Number
4. Sex 5. Cotor or race (6/(a) Single, married, widowed, or divorced Male Whole Morriel	MEDICAL CERTIFICATION 20. DATE OF DEATH. Det 11 1948 of 67 N
6.(6) Name of Musband or wife Olga Rose	21. I CERTIFY that death occurred on the date above stated; that f effended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Day It less than one day the second of the second	and that I last saw h alive on 19
9. Birthplace	Due 10.
11. Industry or business 12. Name	Due to
14. Maiden name Lizabash 7	(Include pregnancy within 8 months of death) Major findings of operations
16. Informany Mrs. Olega Rose (2007)	Antopsy results
17 Busish (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in The following: Accident, suicide, or homicide
Cemetery or crematory Schwarzs Location Danmell 8t,	Where did injury occur?
18. Funeral director from G. Connelly Address #18 Castern Con Casty 21	Masna of Injury Injured at work? 23. SIGNATORS Milean M.D.
19. (0/12/48 19 John G. Comelle, (Daté rec'd by registrar)	depring melical throtother

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OCT 16 1948.

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information carefully. The of death clearly and legib

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty	y la d
ity or town Resteratory	State Grayland County
y or town(If outside city or town limits, write RURAL and give nearest town)	City or town Caltimore
w long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
spital, Institution, or street address where death occurred:	Street No. 620 T. Stemont ave.
	(If rural, give LOCATION)
w long in hospital or Institution? 23 months	2.(a) If veteran, name war
(a) FULL NAME Hattre Goverblatt	3. (b) Social Security Number
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH October 11, 1848, at 114
b) Name of husband or wife Frozy Covenblath	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 76 years	
Sirin date of The control of the Control	and that I last saw h alive en
eccases (mo., way, year	Immediate cause of death DURATION
AGE: Years Months Days If less than one day	Justocardual Galline
Bussia	Culmonary Interculous 4 years
8irthplace	oue tos
Vouceant)	
Usual occupation	Oue to
Industry or business	
12. Name Caron Chart	Other conditions
13. Birtholace Quisco	
21-Tan ?	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace Cluster	Date of op.
Informant Fresh Coonblatt	Autopsy results. Far advenued Oulmoney Juhans
12 - 4 an + and Roll hand	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 620 h. Steman not. Last., mer.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Oate thereof. (month) (day) (year)	Accident, suicide, or homicide
Burial, cremation, or removal, Which?) (month) (day) (year)	
Semetery or phymatory	Where did injury occur?
No well Mit carmer	Injured at home, farm, industry, public place (where?)
ocation for the second for the secon	Maens of injury injured at work?
Funeral director Del News	
dress 2100 Eutaw Place	6. Pudnes No
12/12- V8 AW Hedreel	23. SIGNATURE M. D. or other
(Date rec'doy registrar)	Address Elisterstown and Date signed et 1/1748

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes MARGIN RESERVED FOR BINDING WRITE PLEASE

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

10252

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	State Marskand County Baltimore
Oliy or town	Terress Station
How long in above place of death? 5 yrs)	City or town
Hospital, Institution, or street address where death occurred:	Street No. 1/4 Honey Sucked Court
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Nadine & Rose.	3. (b) Social Security Number
4. Sez 5. Color or race 6.(4) Single, married, Widowed, or divorced	MEDICAL CERTIFICATION
temale Colored Single	20. DATE DE DEATH 10 - 7 19 48 21 4.8 1
6.(b) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated; that tastended deceased from
	19.4. 15 19.4.8 to UCT 19.4.8
7. Birth date of O A CT	and that I last saw h Ld alive on C+ 6 19 4
deceased (mo., day, yr.) RACE. Years Months Days If less than one day	Immediate cause of death
o. AGE:	Musually ourth
01 3 14 min	
9. Birthplace Dallimane MI	Due to Dright In flyhon
(Town, county and stat)	
10. Usual occupation.	Due to
11, Industry or business	_
E 12. Hame Thomas for	Dther conditions.
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
# 14. Maiden name Coba Morris	
15. Birthplage Maryland	Major findings of operations.
21 15. Britishade	Date of op.
16. Informant O	Antopsy results
Address / 4 Honly suckle Court	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof Wet 10-48	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location West Cort	Injured at home, farm, industry, public place (where?)
18. Funeral director 12 Brooks, Tunggold	Means of Injury Injured at work?
11/2 by Danie & Francis	1 / Celle / / // V Man
Address /463 // (4421)	23. SIGNATURE MAN OF other
19. (Daté rechi by régistrar) 19 Registra	423 Chew////hamb 10-040
(Datê recht by registrar) Registra	Address Date signed.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10253 30

CERTIFICATE OF DEATH

		ites St., Baitimore	7.0000
	CERTIFICA	TE OF DEATH Reg. Diat. No	<i>ಎಂ</i>
City or town	altimore atonsville town limits, write RURAL and give nearest town) years, 2 months, 16 days where death occurred: tate Hospital years, 2 months, 16 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fig. prowborn infants give residence of mother) State Maryland County City or fown. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1324 East Lanvale Street (If rural, give LOCATION) 2.(a) It veleran name war.	
3. (a) FULL NAME	y E. Sanner	3. (b) Social Security	
4. Sex 5. Color or ra female white		MEDICAL CERTIFICATION October 19 19.48	5:10 a
6.(6) Name of husband or wife	Alexander Sanner 6.(c) 11 alive, give age year y 8 , 1880?	21. I CERTIFY that death occurred on the date above stated; that t attended dece August 3 19.43 to October and that I last saw her alive on October 19.	19 19 48
8. AGE: Years Months 68 5	Days tt less than one day	Terminal pneumonia	2 weeks
9. Birthplace	ylvania lown, county, and state) wife		indefini
	Stemler ny	Other conditions	
	sa Merreck	(Include pregnancy within 3 months of death) Majer findings of eperations	
16. Informant Hospi	tal records	Actepsy results PHYSICIAN: Please underline the cause le which death should be charged	
17. Burial (Burial, cremation, organization) Date thereof		22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident. suicide, or homicide	(State)
Edeation	F Denny Duc	thjured at home, tarm, Industry, public place (where?)	0.
19. (Date recold by registrar)	18 Ah Hedrick	23. SIGNATURE Isadore Tuerk M.D. M. D. Address Catons ville-2°, Md. Date signed	or other



93A 10255 Reg. Diat. No. 30

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UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and PLEASE WRITE PLAINL

MARGIN RESERVED FOR BINDING

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		4	CERTI	FICAT	E OF DEATH
City or town (If our How long in above place of Rospital, Institution, or s	Baltimo: Catonsy tside city or town limi of death? 2 mo) street address where de Grove State institution? 2 mo)	ille its, write is nths, ath occurre Hos nths, Reid	RUKAL and give nearest . 16. days	town)	2. USUAI, RESIDENCE (Flor rewhern infants a State Maryland City or town Bal (If outside city or town 505) 2.(a) tf veleran name war
4. Sex	5. Color or race		le, married, widowed, or divo	rced	M
female	white		widowed		20, DATE OF DEATH. OC
6.(b) Name of husband of T. Birth date of deceased (mo., day, yr. 8. AGE: Years		6.((c) If alive, give age	years min.	21.1 CERTIFY that death occur October 12 and that I last saw h
9. Birthplace	Clerk Office William, // Mat // Harr	U. S Reid thews iet A	Co., Va.		Due to
Address Buri (Burial, cremation, Cemetery or cremator, Location	Catonsvial al or removal. Which?) Loudor Balto WM. J. TI Balto., M	Date then n Par o, Md	28, Maryland 10/30/4 (month) (day) k Cem.	48 (year)	Antopsy results PHYSICIAN: Please underlin 22. VIOLENCE: If death was Accident, suicide, or homicide. Where did injury occur? Injured at home, farm, industry Means of injury Injury Insurance of injury
19. /S ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	19 F		76/7	Registrar	Address Catons

2. USUAL RESIDENCE (HOME	
State Maryland	County
	s-12 limits, write RURAL and give nearest town) agton Avenue
	give LOCATION)
2.(a) if veteran name war	
	3. (b) Social Security Number
	215-07-8178

MEDICAL CERTIFICATION

	· · · · · · · · · · · · · · · · · · ·	1948
	Immediate cause of death	
nin.	Chronic myocarditis	.Indef.
	Oue to Hypertensive cardiovascular disease	Indef.
	Due to	
	Other conditions	
	(Include pregnancy within 3 months of death)	
	Major findings of operations	
	Antopsy results	
-	22. VIOLENCE: If death was due to external causes, fill in the following:	
	Accident, suicide, or homicide	
	Where did Injury Occur?(City or town) (County)	
	Injured at home, farm, Industry, public place (where?)	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 30

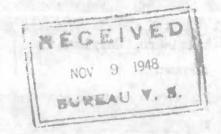
		-			
1. PLACE OF DE	ATH:	imore		2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Baltimore Catonsville (If outside city or town limits, write RURAL and give nearest town)		State Mary land County			
How long In above place	of death?41	months,	13 days	City or town. Baltimore (If outside city or town limits, write RURAL	and give nearest town)
Hospital, Institution, or				Street No. Seton Institute 15.	35 Cole 20.
Spring. 9	rove stat	eHospi	tal 13 days	(If rural, give LOCATION)	
		mont on a		2.(a) It veteran name war	
3. (a) FULL NAM	Rache	1 Shoer	naker	3. (b) Socia	al Security Number
4. Sex	5. Color or race	6.(a)Sing	te, married, widowed, or divorced	MEDICAL CERTIFICAT	TION
female	white		single	20. DATE OF DEATHOctober 21	19483:20a.M
6 (b) Name of bushand	or wite			21. I CERTIFY that death occurred on the date above stated; that I	attended deceased from
g. (0) Hame of Hessens		6	(e) It alive give age	June 8 19 48 10 Oc	tober 21 19 48
7. Birth date of	yr.) 1870		(c) It alive, give ageyears	and that I just saw h.eralive onOctobet: 2]	
deceased (mo., day,		Days	it less than one day	Immediate cause of death	
o. Adl.			hrs. min.	Cardiac collapse	8 days
78		1 3			
9. Birthpiace	Balt	imore,	Maryland atate)	Due to Arteriosclerotic heart dis	
10. Usual occupation.	Timles			Due to Arteriosclerosis, generali	
11. Industry or busines				Due to 14 por Toporter ports Reneral	zed "
~1	9				0.0000.0000.0000.0000.0000.0000.0000000
12. Name	2			Other conditions	
13. Birthplace				(Include pregnancy within 3 months of death)	
14. Maiden name 15. Birthplace				Major findings of operations	
15. Birthplace	?			Date	
16. Informant Hospital records			ecords	Autopsy results none	
			-28, Maryland	PHYSICIAN: Please underline the cause to which death should	he charged statistically.
Addless	Eurlai			22. VIOLENCE: It death was due to external causes, flil in the fol	lowing;
17. (Burial, cremation	n, or removal. Which	. Date the	(month) (day) (year)	Accident, suicide, or homicide	
			ve Hospital	Where did injury occur?(City or town) (Cou	nty) (State)
			28, Md.	Injured at home, farm, Industry, public place (where?)	
				Manne of injury	at work?
		g Grov	e State Hospital	Breder Junt h	. 0.
Address	Catons	ville	28, Md.	23. SIGNATURE Isadore Tuerk, W.D.	
10 11-8	1948	- 7	E. Harry Registral	23. SIGNATURE Catonsville-28, Md.	M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

10257
Reg. Diat. No. **

1. PLACE OF DEATH: county Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore Fort Howard	State Maryland County
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)	Baltimore
How long in above place of death? 45 Days	
Hospital, institution, or street address where death occurred:	Street No. 1033 Maldeis Street
Vets. Adm. Hospital, Ft. Howard, Md.	(If rural, give LOCATION)
How long in hospital or institution? 45 Days	2.(a) It veteran, name war WW-I
3. (a) FULL NAME	3. (b) Social Security Number
HOWARD F. SMITH	Un known
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH October 18, 19.48
Marc miros mraoner	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 7 26 08	September 3, 19 48 10 October 18, 19 48
7. Birth date of deceased (mp. day, yr.) 1-26-98	
deceased (mo., day, yr.) 1-20-98 8. AGE: Years Months Days tt less than one day	Immediate cause of death
o. Auc.	Myocardial Insufficiency 2-1/2 yr
20 0 1 62 1	
S. Birlhplace Baltimore, Md. (Town, county, and state)	Due to Rheumatic heart disease 21 Yrs.
1D. Usual occupation. Unemployed	Due to
11, industry or business	
12 Name David Smith	Other conditions
13. Birthplace Maryland	
	(Include pregnancy within 3 months of death)
14. Maiden name Aireybell Bamber 15. Birthplace Maryland	Million stadings of operations
∑ 15. Birthplace Wat y Latte	
16. informant Clinical Records, Vets. Adm. Hosp.	Autopsy results
Address Fort Howard, Maryland	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
10/10/10 C	22. VIOLENCE: Il death was due to external causes, lill in the following;
17. Burial Date Ihereol (gonth) (har) (year)	Accident, sulcide, or homicide
Cemelery or cremalory Baltimore National Cemetery	Where did injury occur?
Baltimore, Maryland	Injured at home, larm, industry, public place (where?)
Location CO D ALLOS CO	
Location Ellaworth Chunacool 18. Funeral director Armacost Funeral Home	Msens of Injury Injured at work?
Address Balto., Md.	8
1.11 18 11.11	Z3. SIGNATURE H.C. MANAUGH, M.D. Chief Prog Ser
19. 19 YW Healts	VAH. Ft. Howard. Md

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

83a Rog. Diat. No. 44

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: Los	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	(II) utwide city or town limits, write RURAL and give nearest town)
921 H ST	Street No. (If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3.(a) FULL NAME Rosa Ozelle Sn	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Signet, married, widowed, or divorced	MEDICAL CERTIFICATION
form. Mule. Married	20. DATE DE DEATH. Oct 11 1944 8, at 10
6.(b) Name of husband of miles Thos, B. Smith?	21. I CERTIFY that death occurred on the date above stated; that I affended decessed from
7. Birth date of Page 1 1801	and thaf I lasf saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
56 9 91nin.	Cerebrat penostrol 2020.
9. Birthplace Olin (Town, county, and state)	Due to.
10. Usual occupation.	
11. Industry or business at thomas	Due to
12. Name Ans. Olbert Campbell 13. Birthplace n. C.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name 15. Richnlage M. C.	Major fiedings of operations
15. 8irthplace	
16. Informant 1203. 13-18min (durans)	Autopsy results
Address av of	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burnal, ereination, or removal, Which)	Accident, suicide, or homicide
Cemetery or crematory Moreland Meserous Park	Where did injury occur?
Location Taylor Que, Balto, Co.	Injured at home, farm, industry, public place (where?)
18. Funeral director Roland L. Fisher	Means of Injury Injured at work?
Address 2/12 Dundalk ave.	It mle permine to D
10 Oct 14. 1948 X J Harber	23. SIGNATURE THE FRENCH STATE OF STATE
(Date rec'd by registrar) Registrar	Address 1 DTS 1 (a. h) United 2 the signed TO 114 42

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2411 N. Charles St., Baltimore

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MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

10259 4800 Reg. Dist. No.

1. PLACE OF DEATH?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Transford County Balleman
City or town	
How long in above place of dealh?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Streel No. Walley Rd.
	((f paral, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sarah Catherine Smith	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
t w m-	20. DATE OF DEATH 31 Oct 19/948,10- a
withinksmith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife wife and Smith	6 BCT 18 48, 10 31 Oct 1948
7. Birth date of	years and that I last saw h. e. 2 alive on 3/ DCA . 19 44
deceased (mo., day, yr.) 20 march 100	Immediais cause of degth
8. AGE: Years Months Days If less than one day	Cardiorespiratore farlus
63 9 20hrs.	min. D V
9. Birthplace Baltimore Md.	Due to Cassing of consess
(Town, county, and state)	unto matastases 3 ms
1D. Usual occupation.	Due to
11. Industry or business	
E 12. Name Western	Dither conditions
13. Birthplace Balting	(Include pregnancy within 8 months of death)
# 14. Malden name The Land Color	Major fiedings of operations. how
15. Birthplace Baltings 2nd.	major nagings of operations.
1-illaid Sanda	Autopsy results.
16. Informant P (St. 4)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Valley 11 a Japanson por	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burial, common, or removal, Which?) Bate thereof. (Month) (day) (year)	Pole of
TRUIN Pides	Where did injury occur?
Cemetery or energy D' / // C	
Location 1/1ESV/LLE	Injured at home, farm, Industry, public place (where?) Means of Injury Imjured at work?
18. Funeral director EHAS. F. EVANS + SON	
Address 118 WMILT ROYAL AVE	23. SIGNATURE Paux of Royal M D
11-1 166 Bushale	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Regis	strar Address Vikesville & Date signed 3/Oct &

PLAINLY, WING UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Couoty Baltimore City or town Baltimore Rogers Forge (If outside city or town limits, write RURAL and give nearest town) Street No. 85 Dunkirk Road (If rural, give LOCATION) 2.(a) If reteran, name war. NO. 3. (b) Social Security Number 216-12-0499 MEDICAL CERTIFICATION
M W Married	20, DATE DE DEATH October 22 1948 21 2 A
8.(b) Name of husband or wife Marguerite L. 6.(c) If alive, give age 52 years 7. Birth date of deceased (mo., day, yr.) June 39, 1885 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 8 -
9. Birthplace Baltimore, Md. (Town, eounty, and state) 1D. Usual occupation. 11. Industry or business Transfer Company	Due Cardio vasculer Desease Dan 4
12. Name Andrew Snyder 13. Birtholace Baltimore, Md. 14. Maiden name Clara Weaver 15. Birtholace Baltimore, Md.	Other conditions
18. Informant Mrs. Marguerite L. Snyder Address 85 Dunkirk Road - 12 17. Buriel Date thereof 11/1/48 (Burial, cremation, or removal, Which?) Cemetery or crematory Parkwood Cemetery Location Baltimore, Maryland 18. Funeral director HENRY SANDER & SONS, INC. Address NORTH AVE. & BROADWAY 19. UK30 18 Parkwood Cemetery (Date ree'd by registrar) 19. Registrar	Astopsy results

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Balting	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cotonerille	Siale Md. County Belto.
City or town	Catonsville
How long in above piace of death?	(If outside city or town limits, write RURAL and give nearest town)
Hosplial, insiliution, or street address where death occurred:	Sireet No. 3 University are
How long in hospital or institution?	(If rural, give LCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Ethel F	riegel
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Medoured	20. DATE DE DEATH October 18 19 48 at 9.00 A
8 (b) Name of husband or wife Hilliam Springel	21. I CERPITY that death occurred on the date above stated: that I attended deceased from
o. C. Maine of Massachus of Miles	19 Jo Det 1 19 40
7. Birth daie of	and that I last saw had alive on Def 17 1968
deceased (mo., day, yr.)	Immediate cause of death.
8. AGE: Years Months Days If less than one day	Careval Nemmyage 10114
5-9 6 17hrs	in.
9. Birthplace Moreyland	Due to America College College
(Toy), county, and state)	6 Fyvertuson 1370
10. Usual occupation	Due to
11. Industry or business	
12. Name John Description 12. Name John Merchanger	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name Katheric Careful 15. Birthplace MS.	
15. Birtholace	Major findings of operations. Date of op.
me a Mas Belleis	Autopsy results.
1B. Informant	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
Address 2107 Mc Henry 48!	22, VIOLENCE: If death was due to external causes, fill in the following;
17. Burlal, eremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cattle 0. 0	Where did injury occur?(City or town) (County) (State)
Cemetery or crematory.	
Location	Injured at home, farm, industry, public place (where?)
1B. Funeral director Story of Frankey	Maens of Injury Injured at work?
Address Fullow das + Fragette St.	Elis Willmuson mo
to 20 ic TEN	23. SIGNATURE. M. D. or other
(Date ree'd by registrar) Registr	ar Address 9 4 32 Frederic Chicar (4/9/X)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

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001 21 1948

MUREAU V. S.

1. PLACE OF DEATH: (a) Baltimore City, Maryland Silver Spring Road (b) Street address (c) Hospital or instituted Lerton, Balto. Co. (d) Length of stay in hospital or inst. (yrs., mos., or days) (c) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED: (a) State Md. (b) County Balto . (c) City or town (If outside city or town limits, write RURAL and give town) (d) Street No. (If rural give location) (e) Citizen of foreign country? (Yes or No) If yes, name country.
3 (a) FULL NAME BADY STARK 3 (b) If veteran, name war 3 (c) Social Security Account No. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Male White 6 (b) Name of husband or wife 6 (c) If alive, give age years	MEDICAL CERTIFICATION 20. DATE OF DEATHOctober 26, 19 48, at 12:20PM 21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hr. (10?) min. 9. Birthplace (Town, county, and state) 10. Usual Occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden Name 15. Birthplace 15. Birthplace 15. Birthplace 15. Birthplace 15. Birthplace 16. Birthplace 17. Birthplace 18. Birthp	his death on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined [] and that the causes of death were: IMMEDIATE CAUSE OF DEATH Due to
16 (a) Informant (b) Address 17 (a) (Burial, cremation, or removal) (c) Cemetery or crematory Lead DEC 20 1948 18 (a) Funeral director (b) Address (b) Address (c) Cemetery or crematory Lead DEC 20 1948 18 (a) Funeral director (b) Address (c) Punctuck director (d) Punctuck director (e) Punctuck director (f) Address (h) Address	22. If an external cause was primary for contributing cause of death, fill in the following: (a) Date of injury (b) Where did injury occur? Fullerton, Maryland (c) Did injury occur at home, on farm, indistrial place, in public place? home While at work? (d) Means of injury 23. Signature Date signed 10-26-48 Medical Example.

Reg. Diat. No.

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and especially PLAINLY, is especially

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19. (Date ref'd by registrar)

FOR BINDING

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MARGIN

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Balto. County Balto. City or town. Halethor.pe (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 1729 Winans Ave How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. Balto. State County Balto. City or town Halethorpe (If outside city or town limits, write RURAL and give nearest town 1729 Winans Ave. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME JOSEPH ANDREW STOCK	3. (b) Social Security Number none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male white married 6.(b) Name of husband or wife Marie A. Stock	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 55 7 17 hrs. mln. 9. Birthplace Inspector 11. industry or business Balto Coe Example 12. Name Andrew Stock 13. Birthplace Germany 14. Maiden name Katherine Lortz Germany 15. Birthplace Germany 15. Birthplace Germany 16. Birthplace Germany 16. Birthplace Germany 17. Birthplace Germany 18. Birthplace 18. Birthplace Germany 18. Birthplace Germany	and that I last saw has alive on the same of death and that I last saw has alive on the same of death and the same of op.
Mrs. Marie A. Stock Address 1729 Winans Ave., Halthorpe, Md. Burial Date thereof 11/3/48 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Loudon Park Cem. Location Baltimore, Md. 18. Funeral director WM. J. TICKNER & SONS Address Balto., Md. 19. (Date ref d by registrar) Registrar	Aatopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

(If rural, give	LOCATION)
2.(a) II veteran, name war	***************************************
	3. (b) Social Security Number
	none
MEDICAL CE	ERTIFICATION
Oc+ 31	48 7.00
20. DATE OF DEATH.	19 48 21 7:00
21. I CERTIFY that death occurred on the date abo	10 00 31 1940
and that I last saw h alive on O	19 48
Immediate cause of death	Hussions I day
Immediate cause of death) DISHOUY Bue to Off May Tank	2.55 uss 691
Due to	
Other conditions	
(Include pregnancy within 3 r	nontha of death)
Major findings of operations.	
	Date of op
Aatopsy results	nich death shoald be charged statistically.
22. VIOLENCE: If death was due to external cau	ses, fill in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public placo (w	dare?}
Means of Injury	njured at work?
	60

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg.	Dist.	No.	4	X
------	-------	-----	---	---

1. PLACE OF DEATH: Baltimore				2. USUAI. RESIDENCE (HOME) OF DECEASED: (For prowborn infants give residence of mother)		
Clly or fown. Chase (If outside city or town limits, write RURAL and give nearest town)			***************************************	State Maryland County Baltimore		
			tURAL and give nearest town)	Chaga		
How long in above pleci	e of deeth?		***************************************	City or town	at town)	
	r street address where			Street No.		
			***************************************	(If rural, give LOCATION)		
				2.(a) If veteren, name war		
3. (a) FULL NAM		LLIE	B. TARNING	3. (b) Social Security No	amber	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	M	arried	20. DATE DE DEATH October 2 1048	300 A	
6.(b) Name of husbend	l or wifeH	arry		21. I CERTIFY thet deeth occurred on the date above stated; that I attended decease	ad from	
***************************************	*************************	8.(c) It elive, give egeyears	July 1846 10 actives 2		
7. Birth dete of deceased (mo., day,	0	ept.23		end thet I lest saw how alive on	1948	
8. AGE: Yeer		Deys		Immediate cause of death	DURATION	
6	3 0	9			2/0 yra	
a siribalaca F	a		state) .			
3. Sirinpiace	(Town,	county, and	state) .			
1D. Usual occupation.	nousewile			Due lo		
11. Industry or busine	\$3				1	
置 12. Name	Unknown			Dither conditions		
13. Birthplace	Unknown					
to the same of the	IInlmoum			(Include pregnancy within 3 months of death)		
14. Maiden neme				Major fiediogs of operations. About	10-10-1	
E 15. Birthplace	Unknown			Date of op ling	746 821,19	
16. Informant	Harry Tar	ning		Aptonsy results 700		
Address	Chase,			PHYSICIAN: Please noderline the cause to which death should be charged st	atistically.	
			10/5/48	22. VIOLENCE: It death was due to externel ceuses, till in the following:		
17. (Burial, cremation	n, or removal. Which?	Dete Thei	reof 10/5/48 (month) (day) (yeer)	Accident, sulcide, or homicide		
Compley or crome!	Leb			Where did Injury occur?	(State)	
				tnjured at home, ferm, industry, public place (where?)		
				Means of Injury Injury Injured at work?		
18. Funerel director	William	Cook,	inc.	0		
Address e	1217 S	t. Pau	1 St.	23. SIGNATURE Sauces Flethette M. A.		
10 100	UD	- 0	10 Hala 11		other	
19. (Duta 76) bu r	egiatrar)		Registrar	Address Backen Due Date signed	19748	
Inverse rate of the r	- m			The state of the s		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

2411 N. Charles St., Baltimore

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CERTIFICA	TE UF DEATH Reg. Dist. No
1. PLACE OF SEATH County City or town (if outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or speet address where death accurred:	2. USUAI. PESIDENCE (HOME) OF DECEMED: (Form) orn infants give residence of mother) State
3. (a) FULL NAME Robert D Ter	rel 3. (b) Social Security Number
4. Sex 6.(a) Single, married, widowed, or divorced married 6.(b) Hampe of husband or wife Betty 7. Birth date of 6.(c) It alive, give age 9. Sex 9. Sex 1. Birth date of	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
deceased (mo., day, yr.) 8. AGE: Years Worths Days It less than one day	Immediate cause of death
14. Maiden name Rathryn Holt 15. Birthplace 16. Informant Drus. Betty Terrel Address V 3.3. S. Insushall H. Lin. 1 a	(Include pregnancy within 3 months of death) Major findings at aperations. Date of op. Autupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
tocation A agam a blue	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, guarder or tembride. Where did injury occur? (City or town) Injured at home, fam, industry, guylic place (where?) Missns of temporal and the control of the c
18. Funeral director. Address 4/4 Costern Co. Coney Ind. 19. Lot. Just 1948 Hornelly L. Registrar (Date rec'd by registrar)	23. SIGNATURE MASTOCHER Address A A

RESERVED FOR BINDING MARGIN WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE

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Scorrect age

2411 N. Charles St., Baltimore

F DEATH

			-
Reg.	Diat.	No.	30

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

1. PLACE OF DE	ltimore		2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)
0.	tongreillo		state Mary Land County Da.
(11	butaide city of town i.	imits, write RURAL and give nearest tow	vn) City or town Catonsville
	ot death? street address where	death occurred:	Street No. 1102 Magruder Ave.
		re.	Street No. (If rural, give LOCATION)
How long in hospital o	r Institution?		2.(a) It veteran, name war
3. (a) FULL NAM	E		3. (b) Soc
		Bessie Pierpon	t Thurn
4. Sex	5. Color or race	8.(a)Singla, married, widowed, or divorced	MEDICAL CERTIFICA
Female	White	Married	2D. DATE OF DEATH. October 16
8 (h) Name of husband	or wite Herb	pert J. Thurn	
7. Birth date of deceased (mo., day,	Octobe	er 9, 1897	
8. AGE: Year	,,,,	Days It less than one day	Immediate cause of death 17 us pustary
5.	1 -	7hra.	min.
	Reltimore (County, Md.	Due to Slever and I
		County, Md.	
10. Usual occupation.	Housewi	ife	Due to Aleufemus Liekem
t 1. Industry or busine	s At Ho	ome .	
12. Name t3. Birthplace	Frank F.	Pierpont	Diher conditions
13. Birthplace	Baltimo	ore County, Md.	(Include pregnancy within 3 months of deat
	Laura S.	. Zinnerman	
15. Birthplace		ore County, Md.	Major findings of operations
1577	. Herbert J	. Thurn	
16. Intermant		Ave., Catonsville	PHYSICIAN: Please underline the cause to which death shou
			22. VIOLENCE: If death was due to external causes, till in the f
Burial crematio	L n, or removal, Which?	Date thereof Oct. 20, 19 (month) (day) (ye	ear) Accident, suicide, or homicide
Cemetery or cremat		on Park Cemetery	Where did injury occur?
	Balti		Injured at home, farm, Industry, public place (where?)
Location	1NO0.	amorean	Maana of Injury Injury
t8. Funeral director.	1/ Julia		
	T 3 7 1	Training had a frame	2011
Address 5.	to Liberty	Heights Ave.	22 CIONATURE / //// / / / / / / / / / / / / / / /
	O 19 48	71011	23. SIGNATURE

rn	3. (0) Social Security Number
MEDICAL	CERTIFICATION
2D. DATE DF DEATH October	16 (9.48 10.07)
21. I CERTIFY that death occurred on the date	above atated; That I attended deceased from
and that I last saw h	
Immediate cause of death	DURATION
Immediate cause of death Buf	uslay failur
Due to Alexen and	
Due 10	
	referma
Due to	,
Dther conditions	
(Include pregnancy within	3 months of death)
Major findings of operations	
	Date of op.
Autopsy results	which death should he charged statistically.
22. VIOLENCE: If death was due to external	cauaes, till in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town	
Injured at home, farm, Industry, public place	(where?)
Maana of Injury	Injured at work?
211	
23. SIGNATURE	1. Buyson
Address 846 V. 36th St.	Date aigned 18 Oct 48



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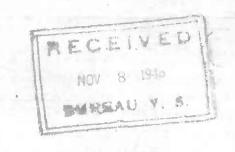
WRITE

PLEASE

CERTIFICATE OF DEATH

Reg. Diat. No. 33

1. PLACE OF DEATH: Balto. County Reisterstown (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	11 (2022)	
How long in above place	utside city or town in	Vrs.	City or town Reisterstown (If outside city or town limits, write RURAL and	give nearest town)	
How long in above place Hospital, Institution, or	street address where	death occurred:	Street No. Glenn Falls Road (If rural, give LOCATION)		
How long in hospital or	Institution?		2.(a) If veteran, name war		
3. (a) FULL NAME		Winfield Scott Uhler	3. (b) Social S	ecurity Number	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION		
			21. I CERTIFY that death occurred on the date above stated; that I after	nded deceased from	
		16,1888	and that I last saw n		
8. AGE: Years		Days If less than one day	Rute Hemorkagie	DURATION	
60	5 6	15 min.		3 who	
10. Usual occupation 11. Industry or business	Farmer	county, and state)	Due to		
	Balto.C		Dther conditions)	
14. Maiden name 15. Birthplace	Sallie Balto Co	Leory	(Include pregnancy within 3 months of death) Major fieldings of operations. Additional Date of	0р	
Mrs.Elmer Uhler Address Reisterstown, Md.			Autopsy results PHYSICIAN: Please underline the cause to which death should be	charged statistically.	
17 Burial (Burial, cremation Cemetery or cremato Location Ba	or removal. Which? Pleasa	Date thereof Nov. 3, 1948 (month) (day) (year) int Hill	Mesans of Injury Injured at w	of(State)	
19. War		3 :-1 '	25: 00:00	M. D. or other e signed 11-31-448	



THE RECEIVED AND ADDRESS.

(a) State Il (b) County

Date signed 10

d be carefully and legibly.

of information should ses of death clearly an Every item RESERVED rtant. PLAINLY, WRITE

1. PLACE OF PEATH: Found: Chesapeake Bay in thez. USUAL RESIDENCE OF DECEASED: vicinity of 7' Knoll (a) Baltimore City, Maryland (b) Street address Washed ashore at Sparrows Pt. (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days)..... (e) Length of stay in Baltimore (yrs., mos., or days)..... 3 (a) FULL NAME UNKNOWN 3 (c) Social Security Account 3 (b) If veteran, name war 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. White Male 6 (b) Name of husband or wife..... 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: Years Months Days Adult 9. Birthplace M (Town, county, and state) 10. Usual Occupation 11. Industry or business 12. Name..... 13. Birthplace 14. Maiden Na 15. Birthplace 14. Maiden Name. 0 16 (a) Informant.... (b) Address (b) Date thereof (c) Cemetery or crematory Batto, Co. Home, 18 (a) Funeral director. Rolland

(c) City or town ... (If outside city or town limits, write RURAL and give town) (d) Street No..... (If rural give location) (e) Citizen of foreign country U If yes, name country..... MEDICAL CERTIFICATION 20. DATE OF DEATH October 9 19 48 at 2:30PM 21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy. Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined and that the causes of death were: IMMEDIATE CAUSE OF DEATH Means of infung Undetermined Found drawne (12/1/44) Other Conditions (Include pregnancy within 3 months of death) 22. If an external cause was primary \(\mathbb{N} \) or contributing \(\backslash \) cause of death, fill in the following: (a) Date of injury 10-9-48 at 2:30 P. M. (b) Where did injury occur Found: Sparrows Pt. nr. (e) Did injury occur at home, on farm, industrial place, in public place? Washed ashore While at work? No (d) Means of injury,

PLEASE

			arlea St., Baltimore	30	
1. PLACE OF DE	ATH:		ATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (HOME) OF DECEASED:		
City or town(16	Catonsville outside city or town limit	28, Maryland s, write RURAL and give nearest town)	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 106 E. Hamburg Street, Baltimore (If rural, give LOCATION)		
Hospital, Instilution, or Spring	street address where deat Grove State	months h occurred: Hospital nsville 28, Maryland			
3. (a) FULL NAM			3. (b) Social Security 2/5-/2-8	Number	
4. Ser female	5. Cotor or race white	6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE DF DEATH		
6.(b) Name of husband 7. Birth date of deceased (mo., day,	38 3	etters	are and that I last saw h. im. alive onOctober 12,	r 12 19 48	
8. AGE: Years		Days If lese than one day	Left lower lobar pneumonia	36 hou	
8. Birthplace	housewife	nty, and state)			
13. Birthplace	Virginia	orbis	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant	Hospital rec	ords	Antopsy results		
Address 17 (Burial, cremation Cemetery or cremation Location	al which?) or removed Which?) Colors Alto Colors Alto	Date thereot 10 (day) (year) Lattonal Lynny Suc	22 VIOLENCE, It death was due to external causes till in the following:	(State)	

36 hours

19. At 14 19 48 A 21. Helical Spring Grove State Hospital No. or other Registrar Address Balto 28 Date signed 10-12-48.

2411 N. Charles St., Baltimore

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. r.	KI		L.A	I F.	OF	Dr.A	

1. PLACE OF DEATH: County	State Maryland County City or town Baltimore-16 (If outside city or town limits, write RURAL and give nearest town) Street No. 1801 Ashburton Street (If rural, give LOCATION) 2.(a) If veteran name war. 3. (b) Social Security Number		
Beulah A. Walter (Beulah Add 4. Sex 5. Color or race 5.(a)Single, married, widowed or divorced female white married	MEDICAL CERTIFICATION 20. DATE DF DEATH		
5.(6) Rame of husband or wife	Immediate cause of death Fibro-sarcoma with secondary infection Due to Due to		
Address Catonsville-28, Maryland BURIAL II. (Buriat, cremation, or removal, Which?) Cemetery or examplory ST. PAUL BALTO. COUNTY (Arcadia) WM. J. TICKNER & SONS 18 Funeral director. Address BALTO. MD.	Autopsy results		

9-4E-15M MARGIN RESERVED FOR BINDING A15 VS

			CERTIFICA	IE OF DEA	AIH	Reg. Dist. No	00
1. PLACE OF DI	Pol+im	ore		2. USUAL RESI	ENCE (HOME) O	F DECEASED:	
	ity or lown (If outside city or town limits, write RURAL and give nearest town)				State Maryland county Prince George		
(If outside city or town limits, write RURAL and give nearest town) low long in above place of death?				City or town	Laurel outside city or town limit	s, write RURAL and give	nearest town)
dospital, Institution, c	r street address where de	eath occurred:		Sireni No	811 Main S		
			tal		(If rurat, give	LOCATION)	
		nt ns.,8	days	. 2.(a) It veteran, nam	e war		
3. (a) FULL NAM	lE					3. (b) Social Securit	ty Number
4. Se1	Mary Ann W		rried, widowed, or divorced				200
						ERTIFICATION	
female	white	wi	.dowed	20. DATE OF DEATH	October 21	19.48	3:05 a
5.(b) Name of husban			tefield Webb	"		ove stated; that I attended do	
7. Birth date of			ilive, give ageyeai	and that I last saw h	alive on	***************************************	19,
deceased (mo., day	the same of the sa	ber 17,	1870 t less than one day	Immediate cause of	death	***************************************	DURATION
78	1	4	hrs min	and	Cardine	facture	
9. Birthplace	Virgini	a		Due to	***************************************	<u></u>	*****
1D. Usual occupation	Home Mis	ssionary		not.	es nelsen	•	
11. Industry or busine	61			Due to		tursele	side.
	2 Daw	ker		Other conditions	acry	Least dies	care
12. Name	Virginia			frac	ute. Q	left fen	un Oree
~	Wi not ni			(In	clude pregnancy Within 3	months of death	
14. Maiden name	Virginia		***************************************	The state of the s	perations		***************************************
16. Informant		l record	S	Autopsy results			
Address	Catonsy	ille-28.	Maryland			hich death should be charg	ed statistically.
11 BURIA	n, or removal, Which?)		/0/23/48 (month) (day) (year)	22. VIOLENCE: 11 c	homicide A. C. C.	Lick Date of	3CH5,4
Cemetery or crema	115-7		(monent) (day) (jear)	Where did Injury acc	(City or town)	will Gall	(State)
Location	EDMUMOS	4	•	Injured at home, tarn	n, industry, public place (v	rhere?) Two	ilal
18 Funeral director.	JOHIJ ?	F DEN	My for.	Mans single	of down	Cestillured at work?	11/1/2
Address .	765	V HT	5-	" Just	el Im	Vi Ida	Supple
24 /.	. 48	De	0161	23. SIGNATURE		M.	D. or other
19	19 70		Hance	10	10 Leeds	an_	Oct 2

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2411 N. Charles St., Baltimore

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Reg. Dist. No.....

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate	to
Cily or town (17 outside city or town limits, write RURAL and give	on near town)
Street No. 42 Cellacienter	
(Lifural, give LOCATION)	

1. PLACE OF DEAT	H: 1.2		32
County.	LC-CCI frage		
City or town(If outs	ide city or town li	imita, write R	URAL and give nearest town)
How long in above place of			***************************************
Hospital, institution, or str	eet address where	death occurred	
if it	6 dgl	Jako	<u> </u>
How long in hospital or in	stitution?		.,
3. (a) FULL NAME	-1		1 - 0 - 11
	trul	enale	Webs
4. Sex 5	Color or race	8.(a)Single	, married, widowed, or divorced
m	The state	Se	male
B.(b) Name of husband or	wife		
		6.(6) If alive, give ageyear
7. Birth date of deceased (mo., day, yr.)	Well.	14th	- 1917
8. AGE: Years	Months	Days	If less than one day
30			hrs. min
0.010.1	teres	- year	1 State
9. Birthplace	(Town,	county, and a	itate)
1D. Usual occupation	Mes	de l'en	e week
11. Industry or businese	7 /	1	1 /
12. Name	red , 1	W. VI	Ehmeger
12. Name	19	2/2002	energy '
	ade	le_	Confarrizo
To		7-1	,
≥ 15. Birthplace	7/	li.	46
18. Informant	Har		LAN Y
Address M.	udello	4/19.	1021
17 Crema	tim	Date there	
	r removal. Which?	alm	(month) (day) (year)
Cemetery or crematory			. 1
Location	Saller	Col C	02-16
18. Funeral director	10000	19	omuse y
Address 40	6 20	len	1 chief
10/12/11	8	Son	n 9. Vingells
19. (Date rec'd by regis	trar)		Registra

TIFICATION 1944, at 8 stated; that I attended deceased from 15
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DUR
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tha of death)
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WITH UNFA PLAINLY, is especially WRITE PLEASE A15

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Supply every item of information carefully. The operate write the causes of death clearly and legibly

FOR BINDING

RESERVED

MARGIN

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was de To external causes, fill in the following:

(State)

tagastry, public place (where?) ., Injured at work?



	Ā	Y	st	
_	RECO	. PH	Exact	
C MENGIN NESENVED FOR BINDING	MANENT	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st	
TIC '	PER	d EX	rly cl	cate.
FOR	IS A	state	prope	certifi
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27.7	K-T	pinoy	t may	back
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והאוט	UNFAI	pplied.	terms,	TION is very important. See instructions on back of certificate.
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SICIANS should state atement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	11	()	may!	()
1	U	6	1	4

:	1. PLACE OF DEA	TH			940 38	
	CountyBal:	timore			Registration Dist. No.	
	Village or City Length of residence in c				No. Charles & Woodbrook Lafte f death occurred in a hospital or institution, give its NAME instead of street and nu s. ds. How long In U.S. If of foreign birth?	
	2. FULL NAME	Alva F	isher Wh	neeler		
	(a) Residence: No.		3 & Wood	brook La	ne St., Ward.	
17700	PERSONAL AN	ND STATIST	(Usual place		If nonresident give city or town and S	tate
3.		OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 12 (Month) (Day)	1948
5e	HUSBAND of (or) WIFE of RObe		Vheeler		22. HEREBY CERTIFY, That I ettended de	ecaased from
_	DATE OF BIRTH (month, de AGE Yaars 49	Months	Deys 2	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, at	death is said
OCCUPATION	8. Trade, profession, or p. kind of work done SAWYER, BOOKKE 9. Industry or business i work was dona, as SAW MILL, BANK, 10. Date dacaasad last wo this occupation (myear)	, as SPINNER, EPER, etc	spe occ	ima (yaars) nt In this ** upation	Cornary Occlusion Color Contributory Causes of importanca:	1946
FATHER	13. NAME Dan:	iel S.]			Name of operation Uppel Date of	
_	(Steta or country)	***************************************			What tast confirmed diagnosis? Was there an aut	lopsy? L.
HER	15. MAIDEN NAME	Minnie I	Lee		23. If death wes due to extarnal causes (VIOL ENCE) fill In elso the following:	
MOTHER	16. BIRTHPLACE (city or to (State or country)	own)G.£	eorgia		Accident, suicide, or homicide? Data of Injury Whera did injury occur?	
17	(Address) Char			Lane.	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18	BURIAL, CREMATION, OR Placa Myrtle	Cemete	urial ryme Oct	16,19	Manner of injury	
19	UNDERTAKER - A		Means &	and Sou	24. Was disaase or injury in eny way related to occupation of decaesed?	۷
20	FILED 10 -13	1948 G	6-20. H	ilrich Registrar.	(Signad) Cloudes W. Veier. (Addrass) 6.701 York Pd Belts	r md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į,	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants gipercaldence of mother)		
County J.Sq. M.T.	State Mary Land County Balto		
City or town		***************************************	
Row tong to above place of death?	City or town (if outside city or town limits, write RURAL and give nearest to	wn) (aw	
Mospital, Institution, or street address where death occurred:	Street No. / North Stuart Our	60	
***************************************	(If rural, givo LOCATION)	······································	
How long in hospitat or institution?	2.(a) If veteran, name war	••••	
3. (a) FULL NAME	3. (b) Social Security Number	er	
Caric & Whitney			
4. Sex 5. Color or race 6.(a) Single, married, widowed of divorced	MEDICAL CERTIFICATION		
m W	20. DATE DF DEATH. October / 19 48 at	939A.M	
FUT	21. I CERTIFY that death occurred on the date above stated; that t attended deceased fro		
6.(6) Name of husband or wife.	March 19.47 10 Clitoln	10 48	
7. Birth date of	and that I last saw h. LZM. alive on Supt. 27	40 YK	
deceased (mo., day, yr.) 1907		DURATION	
8. AGE: Years Mooths Days If less than one day	00-4		
4/hrsmin.		y ear	
8. Birthplace	4 4 4 4 4 5	3	
(Town, county, and state)			
1D. Usuat occupation.	Due fo		
11. Industry or business Cauri Samuel			
12. Name Ferryl - Whitney	Other conditions		
13. Birthstace Planch			
	(Include pregnancy within 3 months of death)		
14. Malden name Inglish	Major findings of operations		
≥ 15. Birthplace / Lung Cy	Date of op.		
16. Informant Lita Mulinities	Autopsy results		
Address 1 M. Steelet dive	PHYSICIAN: Please underline the cause tu which death should be charged statistic	ally.	
n. 1	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide		
	Where did injury occur?		
Cemetery or crematory.			
Location CMAGET US	Injured at home, farm, industry, public place (where?)		
18. Funeral director of Busells inthe	Means of Injury Injured at work?		
Address News 7 Earthur Gar Rd.	1 0 0 0		
(A) 10 10 10 10 10 10 10 10 10 10 10 10 10	23. SIGNATURE Sylvan Q Greatery M. D. or othe	r	
19. (Data and by registrar)	Address Mo head GT Bell Bate stoned P. I	- C ATO	

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEA

2411	N.	Charles	St.,	Baftimore

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CERTIFICATE OF DEATH

County Baltimore				(For rewhorn infants give residence of mother)	/	
				State Maryland County		
(If outside city or town limits, write RURAL and give nearest town)				City or town. Baltimore. (If outside city or town limita, write RURAL and give necreat town)		
ve vs a Adma Hospaa For b Howard, mary tand			ard, Maryland	Street No. 2901 Evergreen Ave.		
		ays	· · · · · · · · · · · · · · · · · · ·	2.(a) It veteran, name war WWI-I	V	
3. (a) FULL NAM		BASIL M	. WILDER	3.(b) Social Securi 215–28–9681	The state of the s	
I. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	4	
Male	White	M	arried	20. DATE DE DEATH. October 11, 19 4	81:55 A	
7. Birth date of			M. Wilder 1) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that fattended d. October 6, 19.48 , 10. October and that f fast saw h iM. alive on October 11,	r 11, 19 48	
deceased (mo., day,) 8. AGE: Years		Days	I if less than one day	Immediate esuse of death		
53		9	hrs,min.	Cerebral Hemorrhage	l day	
			tate)	Due to		
10. Usual occupation 11. industry or busines:		S		Due to		
12. NameAt	wood E. Wi			Other conditions Cirrhosis of liver		
-41	Genora, La			(Include pregnancy within 3 months of death)	plus	
-	Bennie McC Homer, La.			Major findings of operations		
16. InformantCli		rds., V	etsAdmHosp	Actopsy results Substantiated above. PHYSICIAN: Please moderline the cause to which death should be charge		
Burial	or removel, Which?)	Date there	ional Cemetery	22. V(OLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location	Howard	Blight	il ly l	Injured at home, farm, industry, public place (where?)		
Address 6	009 Harfor	d Rd.,	Baltimore, Md.	23. SIGNATURE A C. Manaugh, M.D. Chief Pr Address VAH, Ft. Howard, Md. Date Signi	0	

WRITE

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MARYLAND STATE DEPART	MENT OF	HEALTI

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Salume	State Maryland County Batternon		
City or town	TAUM -		
How long in above place of dealh?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospilal, Institution, or street address where death occurred:	Street No. 437 E. Tenna Ave.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME William albert Wil	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Wall Car Markela	20. DATE OF DEATH. OCT. 10 19.48 21 A.		
Kathania Milla	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from		
6.(b) Name of husband or wife	21.1 CENTRY THAT BEATH OCCURED ON THE GATE AND THE CONTROL OF THE		
7. Birth dale of 900 case 0 000	years and that I last saw h alive on 19		
deceased (mo., day, yr.) Way 10,1893	Immediate cause of death feut congestive DURATION		
8. AGE: Years Months Days If less than one day	heart failine Sulden		
55hrs.			
Tourson Md.	Due to alcoholism-chronic and probably rente 1 gs ap		
9. Birthplace			
10. Usual occupation. January	Due to		
11. Industry or business of			
= 12 Name WEST H WESSON	Other conditions attended the conditions of the conditions		
12. Name Calous 18 18 18 18 18 18 18 18 18 18 18 18 18	Probably chronic myonardity link		
	(Include pregnancy within 3 months of death)		
14. Maiden name III aly Tillson	Major findings of operations		
15. Birthplace asum office files	Date of op.		
16. Informant Sengemen Wilson	Autopsy results		
Address 4410 E. Penna, W.			
17 B. Will Bate thereof CCT: 13,19	74 822. VIOLENCE: If death was due to external causes, fill in the following:		
flurial, cremation, of removed Which?)			
Cemetery or cremetory Alasoung Less Clina	Where did injury occur? (City or town) (County) (State)		
Location Tourson, Mid	Injured at home farm, industry, public place (where?)		
Was Kate R William	Means of Injury Injured at work?		
18. Funeral director	D M. O / 1 11D 7115		
Address 22 // Schrodel st.	23. SIGNATURE Solum to Auchon M.V., D.M.E.		
19 10/12 19 XD AD. There	M. D. or other		
19. (Date rec'd by registrar) Regi	istrar Address Date signed 10/10/48.		

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICA	ALE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County. City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4.3 Hospital, institution, or street address where brain occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Louis Wyatt	3. (b) Social Security Number 2/9-03-6432
4. Sex Sex Solor or race C Married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH October / 18 48 at 4 AM.
6.(b) Name of husband or wife Ruly Wyat8 6.(c) It alive, give age 45 7. Birth date of Day 25 (870)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19. 48. tears and that I last saw harm alive on September 26. 19. 48.
1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days II less than one day 77 9 5hrsmi	Immediate cause of death DURATION Cardio-respectively feelens 2 days
9. Birthplace (Town county, and atate) 10. Usual occupation setting	Due 10. Chambron dere to generalized 2 mos.
11. Industry or business Steel Mill 12. Name	Other conditions Charic Orthurities 10 years.
14. Maiden name Unanous	(Include pregnancy within 3 months of death) Major fiediogs of operations.
16. Informant Ruly Wyats	Actopsy results
Address 70 3 5 5 6 7 19 48 17 Buriel Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Bate of
Commetery or crematory Consequence Constant Cons	Where did Injury occur?
18. Funeral director Samuel W. Sullavan, Jr. Address 1011 M. arlangton ave. Bolle, 7	Msens of Injury Injured at work? 1. Jacket E. Farber MA 23. SIGNATURE
19. (Oate rec'd by registrar) 18 48 Dawers L. Kard Registr	Address Spanows Point, Md Date signed \$0-1-48

BINDING RESERVED FOR MARGIN ADING INK. Supply every item of information care Physicians: please write the causes of death clearly

PLAINLY, V

WRITE

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PLEASE WRITE PLAINLY
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	/	e	JJ
		Ine cor	hysicians: please write the causes of death clearly and legibly
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		FADING INK. Supply every item of information carefully	anc
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH: County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: VAH, FT, Howard, Maryland How long in hospital or Institution? 37 Days			2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and Street No. 25 S. Stricker Street (If rural, give LOCATION) 2.(a) If veteran, name war.	d give nearest town)
3. (a) FULL NA	INTON D. ZIE	GLER	3. (b) Social S	Security Number
4. Sex Male	5. Cotor or race White	6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION October 20.	ON 8 48 at 1:15 A
			21. I CERTIFY that death occurred on the date above stated; that I atte September 13 19 48 to October 20 and that I last saw h im alive on October 20	ober 20 19 48
	ears Months 50 3	Days II less than one day (1	Uremia, due to #3 Other conditi	
10. Usual occupation occupation of the second occupation of the second occupation of the second occupation occ	Unemp Harvey Zi Pennsylva	rtsburger	Due to Dither conditions (2) Hypertensive cardio vascular disease, auricular fit decompensation post (2) it Me phrosoluro secondary to # 2 Duration: About Major fisdiogs of operations.	prillation osis, at 6 yrs.
	linical Reco	rds, Vets, Adm. Hosp. Maryland	Autopsy results	charged statistically.
Cemetery or cree	Baltimo Howar	ore National Cemetery	22. VIOLENCE: if death was due to externat causes, lill in the follow Accident, suicide, or homicide	(State)
19. (Date rec') b	2 1 19 X	A Registrar	Address VAH, Ft. Howard, Md. Dat	Pro: "Ser.